THE MEDICAL JOURNAL.

VOL. X. OCTOBER, 1895. No. 10.

Original Articles.

"ENGLISH THE BEST."

BY DR. BEN. BRODNAX, Brodnax, Louisiana.

Some time since I saw an article in which the writer argued, at some length, that the more mystery thrown around the profession and practice of medicine the greater would be the glory to the professors. That "prescriptions written in Latin, perfect silence as to the disease with which the patient was afflicted, as well as the medicine administered, were every way preferable."

Location may make a difference, the kind of people you have to deal with also—but I cannot but think, plain honesty and no sham beat all mystery and pretense.

So far as my reading goes, mystery has always been used to cover up two things, rascality and ignorance. As far back as we go in history mystery was used to cover design, on the part of the users of it, to impose on those who were to be used as tools for the benefit of the mystifiers.

Surely medicine has not sunk so low in these later days that "tricks that deceive" are to be run in as primary aids. My opinion of the present generation is that they are very realistic in their ideas, apt to probe into anything they do not understand, and with very business-like promptness sit squarely down on the same if they do not like it.

This "mystifying" is the strong point with the quack and mountebank, their idea being that "the people like to be humbugged." But these quacks seldom stay long in a place, preferring to be out of reach when the aforesaid "humbugged," awake to the realty that they have been duped.

From my standpoint I would much prefer an intelligent clientele who can carry out strictly my directions. Knowing the medicine and effects I desire to produce, they will watch the same and be able to give me a reason for the non-production of those effects. They can judge whether the treatment is doing any good, and continue or stop it as required.

My greatest drawback is the ignorance of many of my patients and their friends; having more trouble and loss of life with them, I cannot trust them to carry out directions, and they have caused me many a sleepless night, being compelled to stay and give the medicine myself, as well as travel many a weary mile to see, in person, if directions are carried out.

Again, what good would Latin prescriptions do? Would it prevent the druggist from duplicating? How many doctors or, as for that, druggists, can at sight write or read a prescription in Latin? I have seen some prescriptions purporting to be written in *English* that were as undiscipherable as if they had been attempted in Egyptian high-caste. Every way, is it not better to tell the nurses, or friends, what the medicine is—what you expect it to do—when, and at what intervals to use, and when to stop use. So far from detracting from my income, or the respect with which I am treated, I believe my people are flattered by the confidence I place in them, and they seem to work more cheerfully and eagerly to carry out my wishes; *i. e.* they seem to think I am doing the best I know how, and think the better of me for it. What every doctor needs is the absolute confidence of his patients and their friends. We must study how to bind them to us. Often have I been greeted, when I came into the sick room: "Doctor, I am glad you have come, I feel better already." What was it that prompted such a change? Not the distant, mystifying manner, the solemn shake of the head and general awe-inspiring presence that some seem to feel to be necessary.

When you have an intelligent clientele, who from experience, have learned to trust you, you have so many partners who are interested with and in you. They are desirous of helping you and increasing, by kind commendations to friends, your influence.

They are pleased helpers because they are trusted by you. You are not fighting an enemy where skilled strategy and tricks come in to mislead.

I do not deny having used "placebos," and have, on occasions, used a little deceit to induce hard-worked, tired-out women to go to bed and take an eight or ten days' rest, but it is not my general practice and in my locality I count my personal and (at same time) professional friends by the hundreds. By this nickle-plated mystifying we place ourselves on a level with the "slight of hand man" who is "into it" for the dimes that are in it, forgetting that we should be also the adviser, counsellor, and comforter of our patients. We are with them when born, watch over them during the long years and perhaps stand by the last resting place to offer loving words to breaking hearts. How does a life like this compare with the mystifying, juggling tricks some seem to think so necessary for success in their calling? I believe we should take a step higher, and along with the "sheckles," which are necessary, we should make ourselves valued in something more in common with our pretenses. Read the eulogy of Dr. Aronson, recently dead in the great city. A life like that, only perhaps in a less grand degree, is open to every country doctor; and he owes it to himself to prove that he is not otherwise than what he looks to be on the outside.

Tricks are only tricks. Sooner or later the practicer of them will be "run to earth," and nothing can save him but a change to a new location. His trickery unfortunately reflects on his brother who is living up to a grander position.

In our quiet church-yard stands a small marble, which marks the resting place of an old country doctor. Numbers of times have I seen grey haired men and women stand at his grave with hats off and handkerchiefs to eyes. "One of God's perfect men," you hear said as they turn away. Could a grander tribute be paid to the memory of a noble soul whose casket has been there for now near half a century?

In what comparison should "dollars, cents and trickery" be placed beside such a life?

A NEW THEORY OF ASTHMA.

By H. C. Barnard, M. D., Charleston, Ills.

Most men think well of their own opinions, and take rather kindly to those who agree with them; as such agreement is a silent compliment to their judgment, and serves to confirm them in their position. But he who differs in opinion, challenges controversy, and when he takes exceptions to opinions held by the many, he becomes an iconoclast and is called a "crank."

Very well. Cranks have caused the agitation that has advanced the world. And history furnishes such names as Hunter, Jenner, Columbus and Galileo, and there are some more modern that are worthy of mention, and perhaps I might as well fall in line, for I too have my hobby. For more than twenty years I have doubted the correctness of the accepted etiology of asthma. Perhaps I may not be fully able to give my views so that they will be understood, but I will make the attempt. Authorities tell us that asthma is a spasmodic action of the small bronchi, and hence a dilation of the pulmonary cells. Let us see. "The chest is a cavity closed in on every side from the entrance of air. Its immediate boundary is formed by its lining membrane, the pleura. It is filled by the lungs, heart and their large vessels, and these fill it equally in all its alterations of size. When it enlarges they receive more air and blood. When it contracts, air and blood pass out of them, and the lungs and part of the heart are always in contact with every part of them." (*Kirk's Physiology.*) Now if an inadequate amount of air is permitted to enter the lungs by reason of the spasm it would follow that in an asthmatic attack the expansion of the chest would be lessened in direct proportion to the less amount of air entering, because the expansion could take place only as air or blood entered to fill the vacuum. To prove that the lungs are filled with air, apply a tape line around the chest during an attack of asthma, and the expansion will be found equal to the fullest capacity of the individual in health, which could not be the case if less air entered the lungs than in health. Here is a description of an attack of asthma by a master hand. "The

latter (asthmatic spasms) commence gradually, the respiration becomes more and more difficult and jerking; the face, at first pale, expresses great anxiety, and afterwards becomes injected and blue; the asthma is then at its height and carbonic asphyxia declares itself. Indeed the respired air containing eleven volums of carbonic acid to eighty-nine of nitrogen (Berggreaux). What has taken place? The chest is sonorous on percussion. Vesicular breathing is diminished, suppressed, or replaced by a tubo-vesicular respiration, which becomes rough and hurried. When for a moment the proper interchange of gases seem to take place in the lungs, to be followed later on by sonorous* and sibilant rales. These sibilant rales are sharper, more intense, and longer on expiration than on inspiration, gradually growing more hurried and the bubbles larger, and the balance of residual air seems to be augmented. Now this carbonic asphyxia could only take place because of a retention of carbonic acid in the blood. The amount of this gas exhaled in health by a man in a given time, varies greatly at different times and from different circumstances, and has been estimated at from eight to nine ounces a day, which amount is probably greatly increased during an attack of asthma. During the act of respiration the air and blood are brought into near relation, only a thin membrane intervening, and though oxygen of the air passes through the walls of the capillary vessels and is disposed of by the hemoglobin of the blood corpuscles forming an oxide of hemoglobin to which fact the corpuscles owe their red color. At the same time the carbonic acid is given off by the blood and is carried off by the respired air. When from any cause this co-ordinate nerve action of the respiratory efferent and afferent nerves is disturbed, the carbonic acid given off by the blood globules not being exhaled, combines with the hemoglobin and prevents the globules from absorbing fresh oxygen, and we have an attack of asthma; and this also accounts for the carbonic asphyxia which is always more or less marked in asthma. Wherever the air we breathe has been examined in its natural state it has an uniform condition, and 100 volumes of pure air consists of 79 volumes of nitrogen and 21 volumes of oxygen, with some slight variations of two or three parts in 1000, with traces of carbonic acid and

ammonia, which appear to be incidental. So that aside from its density or rarity dependent upon altitude, the asthmatic gets the same air wherever he goes with the addition of local elements, such as balsams, salts, and more or less humidity. In order to comprehend this subject fully it will be necessary to consider the influence exerted by the nervous system in the act of respiration. So far as their regular rhythm is concerned they are involuntary and independent of consciousness as in all ordinary breathing, and are under the absolute governance of the medulla oblongata, which receives the impression of the necessity of breathing and reflects it to the phrenic and such other motor nerves as will bring into co-ordinate action the muscles necessary to inspiration; but as to just how the interchange of gases is effected in the lungs there seems to be a difference of opinion. Valentin was of the opinion the exchange was in direct proportion to their diffusion volumes, which if correct, would justify the conclusion that the process of respiration was due only to the properties of the gases and their tendency to diffuse and mingle with one another in certain definite proportions by volume. If the exchange of gases in the lungs were according to the law of diffusion their proportions ought not to vary, no matter what the circumstances, and where the volume of one was changed, the other ought to be changed also and bear a fixed proportion, but the instances already cited demonstrate that this does not occur. Then again the conditions existing are not in accord with the law of diffusion, which is that the gases shall be equally free and subjected to the same pressure, and in the case supposed, the gas in the blood is under more pressure than is that without. Again the law of endosmose and exosmose *per se* could, unaided hardly be sufficient to accomplish the work in the short space of time the air and blood remain in contact in an ordinary respiration. I know of no physiological function performed in any part of the economy save and only by means of special nerves governing the organ. And I therefore conclude there is no exception in this case. Then I conclude this exchange of gas in the lungs is the result of a chemico-vital action wherein we have perfect co-ordinate nerve action and harmony of purpose between the special pulmonary efferent and afferent nerves under the control

and guidance of the vital force, for when we attempt to account for these changes, leaving out the dominating vital force, we meet with many inexplicable difficulties. This places asthma among the true neuroses, and enables us at once to understand why so many and varied extraneous causes may and do produce asthma, anything that can by reason of a predisposition or idiosyncrasy, disturb temporarily this co-ordinate nerve harmony, thereby arresting the due interchange of the gases most inducing an attack of asthma, and because of said interruption, the blood is only partly supplied with oxygen and at the same time retaining an excess of carbonic acid. With this view of the symptomatology it is not difficult to understand why a change of climate is advantageous and why so many remedies have at different times been proposed, as well does it explain why all of these remedies have at different times had more or less favorable results, as the object of nearly all of them was simply to arrest the paroxysm. Holding this view as to the ætiology of asthma for more than twenty years, my treatment has been along this line of thought, and while the result has not always been all I could hope for, yet it has demonstrated to my satisfaction that asthma is not an incurable ailment. The remedies being pharmaco-dynamics and vitalizers, viz.: capsicin, strychnine, etc., and which if desired, I may give in some near future.

*So called for want of a better name.

"SOME OBSTETRIC DOS AND DONT'S."

By Jas. L. Neave, M. D., Dresden, Ohio.

I have been much interested in a couple of articles in the August number of the Cincinnati Medical Journal, one by Dr. Brodnax on "Some Obstetrics on Dos and Don'ts," the other by Dr. Hubbard Smith on "The Uses of the Obstetrical Bandage." I feel moved to rise to my feet and address the chair on my own account on these same subjects. And permit me to say in passing, that this Journal is most fortunate in having such a contributor as Dr. Brodnax. Judging him by his style of writing, he must be a "brick"—the kind of a fellow that interests a frontiers-

man like myself—a man that is not bound down by conventionality, but who has originality and is not afraid to express his opinions. Here's to you Doctor—I would like to ride around with you for a few days. I imagine I would find a congenial spirit.

It seems to me that the practice of medicine as advocated by many of the big guns, has in a measure swerved from the lines of common sense, and runs largely to fads—I came very near saying frauds—certainly humbugs is not putting it too strong. The air is full of bacteria and microbes of all kinds, sorts and descriptions. If you can't find them any other way, all you have to do is to cultivate a few, and come out in spread eagle style with some new kind of bug. We must isolate consumptives because of their sputa. We must not kiss our best girl for fear of transplanting a microbe. When we operate on a case we must boil everything, including the patient. I am not sure of that last statement; but if not true to-day, it will probably be advocated by somebody before this article is printed, and it may as well stand. The wonder to me is, that with all these insects coming at us from all the designated sources of infection, the world has not been depopulated long ago. It is remarkable how the human race continues calmly to increase in spite of the myriad of bugs that lie in wait for their unwary victims. Something certainly is wrong—either the bugs are not so viciously dangerous as they are represented to be, or else somebody is manufacturing fallacies. Anyhow, I think the country doctor with cleanliness, is as successful as his more pretentious city brother, who is afflicted with modern exaggerations.

Like the Doctor, I don't see any sense in the bi-chloride of mercury bath for instruments—and for the same reason, it spoils them and does no compensating good. Cleanliness is all sufficient—with the addition perhaps of a little carbolic acid, put in usually for appearance sake. Neither do I see any sense in the "Hurry, Forceps, Heartless, & Co.," that the Doctor speaks of. I have often found my patient in imaginary labor, which I have quieted down, and then have been called again, days or weeks later, to attend a very natural labor. And after having been in practice for more than twenty years, I have had but one

case where forceps were necessary. I have a pair, but leave them behind me when called to a case.

I very seldom—I came very near saying that I never---have any cases with fever after confinement. I don't see any use in having any fever. Childbirth is a perfectly natural act; and if nature is allowed half a chance, I see no reason why a physiological act should in a few days be converted into a pathological one. Certainly the Indian women never had any modern notions concerning childbirth; and just as certainly, the act was purely a physiological one with them and occasioned little more notice than the act of defecation. Not that I advocate Indian methods —the conditions of living are different. But if they go to one extreme, surely the faddists have swung to the other. What we need is a happy medium, suited to the environment. The key note is cleanliness—soap and warm water, and plenty of it; and no germicidal solutions of bi-chloride of mercury—very seldom even any carbolic acid. I require that my patients immediately after labor be thoroughly washed, all stains and all soiled cloths and clothing removed. The bedding and clothes thereafter to be kept clean, and the genitals to be cleansed twice daily with soap and warm water, as long as the flow continues. In some cases where prejudice is not too strong, I even direct that the vagina be thoroughly washed out with warm water, using a fountain syringe. Next, I isolate my patient for five days, so far as visitors are concerned, and allow her to be in perfect quiet and repose. This and the administration of a cathartic on the second day after labor, to insure a thorough evacuation of the bowels, and I almost never see any sign of fever.

Now as to the obstetrical bandage. Dr. Smith says: "After parturition the uterus being preternaturally enlarged, requires support;" and speaks of the muscles of the abdomen being relaxed and stretched. Is not the uterus preternaturally enlarged *before* parturition? Why should it not have support *before* labor; and why permit the abdominal muscles to become stretched, without affording them any rest? The time to wear the obstetrical bandage is from the beginning of the seventh month, on through until the patient takes to her bed in labor. The bandage should not be worn tightly, but should be fitted

snugly to the person, and should be gradually "let out" as the size increases. The object of course is to transfer the weight from the abdominal muscles to the spine, and prevent the loss of tone that results from the stretching and weight supporting. Try this once and see the relief it will give to the pregnant woman.

As to using a bandage during the time the woman should remain in bed after labor, I never recommend it unless the patient herself desires it, and I always counsel against its use at this time. Superstition has it that the bandage produces pressure on the enlarged uterus and encourages sufficient contraction to prevent any possible flooding. Does it? Apply the binder as generally worn—go back in a few hours and see where the pressure is exerted; and I think my views will be borne out that the binder for this pupose, at this period, is a delusion and a snare.

After confinement, when the woman is ready to get up and go about, then the bandage comes into play again, and should be worn for a couple of months. It should snugly fit the body and be well fitted to it. Now is the time that the abdominal muscles need rest and an opportunity to regain their former tonicity. The bandage worn at this time, removes all tendency to relaxation of the muscular fibres, exerts gentle pressure, and transfers all weight to the spine. The band judiciously used, will prevent the tendency to become "pot-bellied," and permits the mother who has borne a number of children to remain as trim in figure as she was before marriage. Summed up, in my opinion the time to wear the obstetrical bandage is before confinement, and after the woman is up again after her accouchment, but *never* during her confinement to bed, immediately following labor.

A RECENT writer calls attention to the fact that the failure of injection of morphia to produce sleep is often due to the fact that perfect silence is not maintained in the room where the patient is lying. Morphine tends to exalt the excitability, and for this reason a slight noise is liable to disturb the patient.—*Southern Medical Record.*

CAN CELIBACY BE EXCUSED?

WRITTEN FOR THE JOURNAL ANONYMOUSLY.

[It is not often we publish an anonymous communication. We are unwilling to thus encourage that bad practice. We make an exception in regard to the following. It came to us enclosed in a Chicago, Milwaukee & St. Paul Ry. envelope, evidently mailed on the train. This letter was with it:

The Editor of the Cincinnati Medical Journal:

I submit the enclosed to your consideration, being a subscriber to your Journal. If you can use it, very well. If not, please insert notice in your Journal, and I will remit for notice and its return.—Dr. H.

We cannot understand why the writer of such an article should hesitate to sign his name to it. Whoever he may be, he is a man of education who has a rare use of English, and we gladly undertake to vouch for the article in his stead, and would be proud if we could sign our name to so thoughtful, scholarly a production.—The EDITOR.]

In a recent issue of a therapeutic periodical appeared an article entitled, "Can Celibacy be Excused?" It is seriously evident that the author is decidedly opposed to matrimony. We do not question the integrity of the author in his view of the subject, but will merely attempt to give a milder view of the same subject.

In enumerating the particular comforts of life, we shall find many advantages on the side of matrimony, but human life everywhere is a state in which much is to be endured, and a little to be enjoyed. Nothing is more idle than to inquire after happiness, which nature has so kindly placed within our reach. The way to be happy is to live according to nature, in obedience to that universal and unalterable law with which every heart is originally impressed; which is not written on it by precept, but engraven by destiny, not instilled by education, but imfused at our nativity. He that lives according to nature will suffer nothing from the delusions of hope or importunities of desire; he will receive and reject with equability of temper, and act or suffer as the reason of things shall alternately prescribe. To live according to nature is to act always with due regard to the fitness arising from the relation and qualities of causes and effects; to concur with the great and unchangeable scheme of universal

felicity; to co-operate with the general disposition and tendency of the present system of things. To deviate from nature, is to deviate from happiness.

Domestic "discord" is not inevitably and fatally necessary. Some husbands are imperious, and some wives perverse; and as it is always more easy to do evil than good, though the wisdom or virtue of one can very rarely make many happy, the folly or vice of one may often make many miserable. You say, if such be the general effect of marriage, you shall for the future think it dangerous to connect your interest with that of another, lest you should be unhappy by your partner's fault. We meet with many who live single for that reason, but I have never found that their prudence ought to raise envy. They dream away their time without friendship, without fondness, and are driven to rid themselves of the day, for which they have no use, by childish amusement or vicious delights. They act as being under the constant sense of some known inferiority that fills their minds with rancor, and their tongues with censure. They are peevish at home, and malevolent abroad, and as the out-laws of human nature make it their business and their pleasure to disturb that society which debars them from its privileges.

To live without feeling or exciting sympathy, to be fortunate without adding to the felicity of others, or afflicted without tasting the balm of pity, is a state more gloomy than solitude; it is not retreat, but exclusion from mankind.

Marriage has many pains, but celibacy has no pleasures. The good of the whole, is the same with the good of all its parts. If marriage be best for mankind, it must be evidently best for individuals, or a permanent and necessary duty must be the cause of evil, and some must be inevitably sacrificed to the convenience of others. In the estimate which you have made of the two states, it appears that the incommodities of a single life are, in a great measure, necessary and certain, but those of the conjugal state accidental and avoidable.

I cannot forbear to flatter myself, that prudence and benevolence will make marriage happy. The general folly of mankind is the cause of general complaint. What can be expected but disappointment and repentance from a choice made in the imma-

turity of youth, in the ardor of desire, without judgment, without foresight, without inquiry after conformity of opinions, similarity of manners, rectitude of judgment, or purity of sentiment. Such is the common process of marriage. A youth or maiden meeting by chance, or brought together by artifice, exchange glances, reciprocate civilities, go home and dream of one another. Having little to divert attention, or diversify thought, they find themselves uneasy when they are apart, and therefore conclude that they shall be happy together. They marry and discover what nothing but voluntary blindness before had concealed; they wear out life in altercations, and charge nature with cruelty. From those early marriages proceeds likewise the rivalry of parents and children. The son is eager to enjoy the world before the father is willing to forsake it, and there is hardly room at once for two generations. The daughter begins to bloom before the mother can be content to fade, and neither can forbear to wish for the absence of the other. Surely all these evils may be avoided by that deliberation and delay which prudence prescribes to irrevocable choice.

In the variety and jollity of youthful pleasures, life may be well enough supported without the help of a partner.

Longer time will increase experience, and wider views will allow better opportunities of inquiry and selection. The parents will be visibly older than their children. What reason cannot collect, and what experience has not yet taught, can be known only from the report of others. I have been told that late marriages are not eminently happy. This is a question too important to be neglected, and I have often proposed it to those whose accuracy of remark and comprehensiveness of knowledge made their suffrages worthy of regard. They have generally determined that it is dangerous for a man and woman to suspend their fate upon each other, at a time when opinions are fixed and habits are established; when friendships have been contracted on both sides, when life has been planned into method, and the mind has long enjoyed the contemplation of its own prospects. It is scarcely possible that two traveling through the world under the conduct of chance, should have been both

directed to the same path, and it will not often happen that either will quit the track which custom has made pleasing. When the desultory levity of youth has settled into regularity, it is soon succeeded by pride ashamed to yield, or obstinancy delighting to contend. And even though mutual esteem produces mutual desire to please, time itself as it modifies unchangeably the external mien, determines likewise the direction of the passion, and gives an inflexible rigidity to the manners. Long customs are not easily broken. He that attempts to change the course of his own life very often labors in vain. And how shall we do that for others which we are seldom able to do for ourselves. But surely you will interpose. You suppose the chief motive of choice forgotten or neglected. Whenever I shall seek a wife, it shall be my first question whether she be willing to be led by reason? Thus it is that philosophers are deceived. There are a thousand familiar disputes which reason can never decide; questions that elude investigation, and make logic ridiculous; cases when something must be done, and where little can be said. Consider the state of mankind and inquire how few can be supposed to act upon any occasions, whether small or great, with all the reasons of action present to their minds. Wretched would be the pair above all names of wretchedness, who should be doomed to adjust by reason, every morning all the minute details of a domestic day. Nature sets her gifts on the right hand and on the left. Those conditions which flatters hope and attract desire, are so constituted that as we approach one, we recede from the other. There are goods so opposed that we cannot seize both, but by too much prudence, may pass between them at too great a distance to reach either. This is often the fate of long consideration. He does nothing who endeavors to do more than is allowed to humanity.

Flatter not yourself with contrarities of pleasure. Of the blessings set before you make your choice, and be content. No man can taste the fruits of autumn while delighting his scent with the flowers of spring. No man can, at the same time, fill his cup from the source and from the mouth of the Mississippi. —*Dr. H.*

NEW THOUGHTS ON SIMPLE CONTINUED FEVERS.

W. H. Smith, A. B., M. D., Shell Rock, Iowa.

That the yearly visitation of fevers, even in the light of bacteriology, causes the death of many, besides rendering others, who survive an attack, entirely unfit for any kind of labor for weeks, months and years, is unquestionable. It is conceded I believe by all who have given the subject any thought, that the rational view of modern bacteriology, is that bacteria are never present in the system in large numbers unless there is a purulent discharge—a neurotic membrane or other organic debris, to offer them a suitable habitat.

Normal tissues and secretions are inimical to their development because of the absence of organic sewerage. And when so-called disease---producing bacilli are found vegetating harmlessly in the tissues of healthy individuals, the bacteriological paradox is explained upon the hypothesis that there are bacilli exactly alike under the microscope, but those found in disease are poisonous and the sole cause of the disease, while those found in health are innocuous. "This explanation is too far fetched for even the most gullible to swallow."

With these facts before us, it is natural to inquire if this yearly contribution of life and health is unavoidable, or with our present knowledge of the conditions which seem necessary for the production of fevers, whatever they may be, to prevent the occcurence of such conditions and thereby in a measure stay the ravages of these diseases. We are not prepared to say that a strict observance of well-known sanitary laws, would insure entire immunity, but as observation has proven that such fevers as typhoid, diphtheria, malarial, etc., are most likely to prevail where great numbers are congregated, soil and structures impregnated with poisonous material, in short, wherever decomposing human filth, as well as where decomposition of all animal and vegetable substances are, we have abundant evidence to verify the correctness of our opinion.

It is not however, upon these much studied forms of fever that we wish at this opportune time to call particular attention, but

rather to the much more prevalent fevers, in various forms, of rural and sparsely peopled districts, the fevers not due to specific cause, lacking the characteristics of those fevers, although similating them in many ways, and showing when death occurs no pathological lesions prevalent in temperate climates, that are in fact, neither contagious nor miasmatic, we shall include as simple, continued fevers.

This discrimination is important on theoretical grounds, because the one is secondary to and dependent upon a primary disorder, of which it is no more than a symptom, the constitutional disturbance resulting from local irritation; while the other in itself is the primary disease and the result of causes affecting the nervous system at large without determinable local lesion. And important upon practical grounds because of the importance to differentiate them from the other affections with precision.

Many different causes are known to be capable of producing the train of febrile phenomena which constitutes simple, continued fevers. Among these may be mentioned exposure to great heat or cold; excess in eating and drinking; mental and bodily fatigue; excitement and violent emotions, etc. Children by reason of the relative instability of their nervous organization, are much more prone to this form of fever than adults. It is a malady more frequently encountered in the hot and early fall months than at other seasons of the year, and is often produced by the unwonted exposure to climatic changes.

Simple, continued fever usually begins abruptly, a chill or chilliness, lassitude, and a sudden rise in temperature mark the outset of the disease, all the phenomena of fever being rapidly established, hot skin, rapid pulse, headache, thirst, pain in the back and limbs harass the patient from the beginning. There is loss of appetite, the tongue is covered with a white coating, and the abruptness of the rise in temperature and the rapidity with which the maximum is reached is characteristic of certain forms of this fever. Murchison describes four varieties. 1st. Abrupt seizure, with chills or rigors, the temperature high, quick full pulse, white furred tongue, great thirst, no appetite, constipation, intense headache, pains as from bruises in the back and

limbs, etc. 2nd. The pyrexia is occasionally prolonged for several days, rarely however, exceeding ten days. Pulse is frequent, full and bounding, thirst and heat of the skin intense, headache is sharp and distressing, delirium sometimes occurs, etc. 3rd. A form more prevalent during the hot dry months, attacking chiefly the young and plethoric who have been exposed to the vicissitudes of the the weather.

The attack may partake of either class named, abrupt or prolonged. Sometimes nausea and vomiting usher in the attack; to these speedily succeed the full pulse, burning skin, flushed face, giddiness, intense headache, ringing in the ears, intolerance of light, bleeding from the nose, sleeplessness, which mark a difference from synocha in degree rather than any difference in kind. 4th. and lastly, a variety in which the febrile action is less intense and the duration more prolonged than in the varieties above mentioned. These symptoms may extend over a period of weeks without change except as regards the patient's strength gradually fails. Such attacks usually follow great bodily or mental fatigue. In simple continued fevers there is a febrile paroxysm consisting of three stages, less marked perhaps than in malarial fevers, the cold, hot and sweating stages.

Symptoms of disease are of two kinds: the one morbid, arising directly from the cause; and the other curative or nature's effort at reaction and recovery. The cold stage is the disease or the morbid symptoms arising from disturbance of the sympathetic nervous system, due as a cause, to excess of acid elements organized in the blood, as the white coated tongue indicates, which irrritate and thereby intensify the normal action of the sympathetic nervous system. This sympathetic ganglionic system, which guards both the quality and quantity of the arterial blood, so as to save the vital organs from congestion, increases its restraint upon the arterials in degree proportioned to the amount of disturbance in circulation until such retraction in the arterial blood supply threatens life by venous congestion and heart failure, when the disturbance aggregated in the venous blood to the utmost toleration, at last paralyzes the sympathetic control and leaves the arterial system to its full abandonment. As soon as the control of the sympathetics is withdrawn, the hot

stage is initiated, and the curative process of nature begins, the arterials dilate, the blood current thickens and its force increases. Respiration is deeper and more frequent. The temperature rises, and arterial engorgement displaces the venous congestion. And although the disease is still there, yet by its being diffused through all the circulation, both venous and arterial, it is much abated. From this increased arterial supply to all the organs, the glands begin to act with increased vigor, and the sweating stage follows as a consequence. Through the action of the stages mentioned, the effect produced allows the arterial blood to flush the liver, and thus stimulate its functions, the result of which is to pour through the hepatic vein an increased quantity of blood. Its temperature, on account of this excited condition, is higher, and by its rapid diffusion through the body to increase the general temperature to intense fever heat; for we must remember that the means of cooling the blood through the lungs, skin and excretory glands, as in health, are all checked in the cold, and greatly diminished in the hot stage.

In these fevers, as in all others, the therapeutic art applies as such to the acute or morbid stages only, and "*Contraria contraris curantur*" must be our motto; but in the reactive stages then the powers of nature must sustained and followed. "*Similia similibus curantur*" must guide us. Both principles are good at the proper time so long as the morbid or the curative processes of nature are recognized, but if the curative processes be taken for the morbid symptoms of the cause of disease and *vice versa*, then errors must result, and the treatment will as frequently kill; and I believe it does, as cure. Quinia should never be administered in the cold stage, as it is liable to prove fatal, particularly in the large and continued doses sometimes given by intensitying the venous congestion; same is equally true of other remedies. The daily physiological cycle deserves special attention in connection with these affections, which may be characterized by some condition of the system with intervals partaking more or less of the nature of the preceding period. Observations show the fact that in the early morning the temperature in health falls about one degree; in disease a much greater fall is often noticed. At this time owing

to a corresponding decrease in the consumption of oxygen, the vitality in general is at its lowest. The first night sweats of consumption appear at this time, and there is greater susceptibility to depressing diseases than at any other time.

In the forepart of the day, both in health and disease, is the period of highest vitality; fevers now decline with more or less preceptibility, the nervous system is calmest, pain most modified, and the patient most rational. During the afternoon is the period during which fever usually reaches its maximum, the highest point being attained by four o'clock. Inflammatory excitement and nervous irritability are also at their height, while during the night the period of profound slumber, the vital forces are more on the ebb, and gland secretion diminished. It is during this period that nightmare and dyspnonia are most likely to occur, and respirations during sleep become deep and laored. Weak persons are very apt to become much exhausted. Wandering of the mind is most likely to occur, and in disease it is to expected that delirium will appear and be generally worse.

As our knowledge of disease becomes more exact, and we are able to discriminate it as a substantive affection, from maladies which resemble it, the many synonyms by which it is designated become rather of historical than of practical interest. Many of them have been employed in ignorance of the real nature of the disease, and their multiplicity has arisen in part from that ignorance. It is only within the last two decades that careful attention has been generally directed to the study of the anatomical lesions, which explain to a great extent many of the symptoms that are characteristic, and separate the affection from all other diseases which it in any way resembles.

It is only therefore, the present knowledge of disease that enables the physician to diagnosticate it from other affections with precision, as well as those derived from symptoms, neither constant nor characteristic, that makes this obsolete claim of many separate diseases in the same patient at the same time, the more obsolete and unreasonable, and notwithstanding the different theories existing in common practice regarding the origin of fevers, assigning indiscriminately the germ theory as

specific cause for all symptoms observed within itself, causes equally as great an error in the treatment.

Hence we are driven to this conclusion, that the fever so commonly diagnosed as "Typhus Malarial" more properly belongs to the class of simple, continued fevers, and is not what its name implies—two septic poisons existing in the same subject at the same time, that typhoid and malarial poisons could not exist in the same patient at the same time; that malaria is a septic poison which differs *per se* from the septic poison of typhoid; that they are gaseous products of animal or vegetable decomposition, each with a definite chemical existence, having no tangible or visible manifestations except by its effects; and that these poisons having decided chemical affinities and, distinct from each other, under favorable anti-hygienic conditions give rise to morbid changes peculiar to its respective nature.

We must have the malarial poison, the product of vegetable decomposition, to produce malarial fever, and an entirely different poison, the product of animal filth, to produce typhoid fever. That they unite or each acts independently on the blood or nervous system of the patient at the same time, is a very non-plausible theory.

AN AGENCY PHYSICIAN'S EXPERIENCE AMONG FRONTIER INDIANS.

By Jas. L. Neave, M. D., Dresden, O.

[*Concluded.*]

During my residence on the frontier, I saw one insane Indian, a mixed-blood woman, Maggie Hoffman by name. The cause of her insanity I know not. The development was almost explosive, one might say, if permitted to use the word in such s connection. Through it all she was perfectly cheerful, life seeming to be altogether of a roseate hue. As an annoyance to our little community she was a success. She would appear inside one of the houses of the employes without the slightest warning, at all times of the day or night. If all the doors chanced to be fastened, as they were on one particular day, she would keep circulating around the house until she finally slipped

in through some unguarded door. On this particular day she kept up the circling for nearly two hours, and always in the best of humor. Her crazy notions differed from anything I have ever seen or heard tell of before, but were of course colored according to her nationality and habits of life. For instance, she dug up from the graveyard a freshly buried infant and proceeded to make soup with the head, which she deliberately cut off. She invited our old Interpreter Pierre Garreaux to take dinner with her, and he accepted with the idea that he was to partake of dog soup. When he discovered the truth there was a small sensation in camp at once. She tied her hair full of feathers, sticks, pieces of cloth, etc. (Indian women are nuturally very neat about the care of their hair—wearing it smooth, and braided neatly down their backs in two braids). She had somewhere picked up a man's frock coat, several sizes too small for her. This she buttoned up tightly, straining on the buttons until with her broad hips, the tails of the coat were pulled apart. Her style of walking was brisk and springy; she had a habit of swinging her hips from side to side with a rolling motion—so that with her head gear, undersized coat, peculiar swing and nonchalant air, she may be imagined better than described. One day at dusk, a messenger came hurriedly across the campus, from the office to my house, requesting my presence immediately. I went over and found the office in a state of helpless excitement. Mag. had taken possession and had announced her intention of remaining for the night. The heater in the office was a huge sheet iron affair over two feet in diameter, with the pipe extending through the ceiling into the room above, and thence across the room to the chimney by means of a long pipe. The rooms were not plastered but sealed with matched boards throughout. The fuel was cotton-wood logs sawed and split, dry as tinder and inflammable as pine. Mag. had filled the stove full of this wood, standing the pieces on end. The fire was blazing fiercely—stove bright red hot, pipe red hot up through the ceiling and into the room above. Mag. was in the best humor possible, but threatened to kill any one who interfered with her. All efforts to induce her to stop feeding the fire and permit the employes to obtain control of the stove, failed,—

force was not permissable as that meant a fight and would be resented by an outbreak of our Indians, her tribe's people. Danger of fire was imminent, and fire meant the destruction of the Agency. The authority of the Agent she held at naught, and everything depended upon my well-known influence over my Indians. A few words from me quietly spoken in her own language, and I got her started towards home, saying she would go for me, but that she would kill anyone else who interfered with her. I had one of the employes follow me in silence, started my Indian charge ahead of me, and got her home safely. It was a silent trip, except that occasionally I had to reply to some question from Mag.

One bright moonlight night, clear and quiet, but cold, thermometer 30 dogrees below zero, as I was sitting in my room reading, I was startled by the sudden appearance of Mag., who came in unannounced, and signified her desire to trade—exchange a very queerly made pair of mits for sugar, etc. After some little conversation I induced her to start for home, and saw to it that she was headed in the right direction before I re-entered the house. Possibly some ten minutes later, I was called to the other door by a peremptory rap, and found a relative of hers, my friend Strike Enemy, who informed me that Mag., was missing, and that he had not seen anything of her on his way to my house from the village. On the supposition that she had turned about after I had lelt her and had passed on through the agency on her way to the Military Fort seventeen miles distant, Strike Enemy at once started for home, running all the way, hitched up his team and was shortly headed in the direction of the Fort, urging his horses to their unmost; in fact, passing through the Agency on a gallop. Yet Mag. afoot, won the race, reached the Fort ahead of her pursuers and was found seated comfortably in the quarters of one of the officers, smiling and contented, and none the worse for her trip. And she came in with one foot bare, having lost one moccasin. Mag., never recovered her mental equilibrium, and wound up her existence at last by being frozen to death. She was found one morning lying near the Agency, dead. She had evidently lost her way on

account of the intense darkness of that particulor night, became bewildered and sank down to her last rest, or as Strike Enemy said in reply to words of sympathy spoken to him, "She has gone Home." This reply illustrates one of the pretty conceptions of our Indian brethren. They do not possess any devil, as do the Whites. They have an occasional evil spirit that causes annoyance to certain individuals. I never heard of an Indian hell; their religion does not furnish any such place. They do have a happy hunting grounds which they speak of as "home." When one of their number dies, they will sometimes use the expression, "nake sahn"—he is dead; but generally they will look gravely upwards, point toward the sky, and use the words, "way te ki eesh"—he has gone Home. And so it was with Mag., she was "way te ki eesh" and not "nake sahn."

These reminiscences probably have demonstrated the fact that life on the frontier, whatever it may have lacked in some things, certainly did not lack the spice of variety. At times there was a spice of danger sufficient to cause one's blood to tingle. I never felt any fear, but I have seen others almost beside themselves. At the time of the Cree excitement, detailed in the June '94 number of this JOURNAL, the Agency was in a state of nervousness for a year. There had been considerable blood shed by our Indians, and we all know enough of Indian nature, to feel certain that the price would have to be paid. Three or four times during the year there were sudden alarms—reports coming in that the Crees were upon us. The wild excitement that would immediately issue was laughable after it was all over. Several times, all our warriors came dashing through the Agency, in full war paraphernalia, and scattered out over the plains to find all the alarms false. Once, some antelope got among some grazing ponies and caused a report to be brought in that the Crees were stampeding the herds. Once, a couple of white men encamped in the Bad Lands and kindled a fire for the purpose of cooking their supper. Once, a messenger came up from Fort Stevenson and reported that a thousand Crees were out on the war path. and were headed in our direction. This alarm seemed serious, and naturally caused the greatest consternation among

the ladies of the Agency. All the available arms were loaded and placed within instant reach, and every man was ready to fight to the last, if necessary. The nervous tension that we were under, was the same that I imagine a soldier must experience, just before the battle opens and the opposing forces are lining up. During this year of excitement, a loaded Winchester rifle stood within reach, in my bed-room, and a loaded revolver reposed beneath my pillow.

And the wind up of it all was both rediculous and pathetic. One solitary Cree did finally appear on the scene—the father of the murdered boy, mentioned in the June '94 number of this JOURNAL. The loss of his boy caused him considerable inconvenience, as he needed his help, and he wanted some compensation for his loss. Our Agent advised our Indians to settle promptly with the Cree as it might be cheaper for them in the long run. And the bereaved parent was sent away happy, with some twenty head of ponies that were hastily collected throughout the village—they were not all warranted the very best quality either. Such a payment for such a loss seems rather incongruous to us, but it was probably best for all concerned that the affair should be settled as quietly as possible. The Crees were Canada Indians; the main battle at least was on Canada soil; and the affair at one time looked a little like raising an international question—but for the good sense of our neighbors across the line. It involved a question that might have terminated very differently. The occurrence might easily have been permitted to have assumed serious proportions, and I think the representatives of both governments were pleased to have it settled so easily.

A short time ago I saw in one of our dailies, an article speaking of different nations that had used the flesh of dogs as food. Our American Indians were mentioned, but the methods of preparing the toothsome viand were not mentioned. Going through the village one day, I saw two gaudily dressed bucks moving quietly along, each having a lasso in his hands and an expectant look on his face. A sudden motion, a cloud of dust out of which came a yelp of terror, a moment of suppressed

excitement, and a dog was seen hanging by the neck in mid air. The dog was at one end of the lasso which was thrown over a projecting pole, and the bucks were at the other end. The bucks seemed to be enjoying their part ot the performance; but viewing the desperate struggles of the dog, it seemed to me that he did not take the same view of the case. The victim soon ceased his struggles, was pronounced dead by his executioners, taken down and handed over to the squaws. He was ready for cooking just as he was, without being either bled or cleaned. In this condition he was placed in the fire until the hair was burned off and then placed in a bed of live coals and roasted, blood, entrails and all. When done, ha formed the centre piece of the feast, that was speedily partaken of by all the Indian epicures that by any hook or crook could claim relationship or connection with the master of the feast. I was invited to partake, but although the flesh looked tempting and my curiosity was considerable, I failed to get my courage screwed up to the tasting point, and I am unable to tell from experience, whether dog meat cooked in Indian style was toothsome or not. Judging from the pleased expression that spread over the countenances of the feasters, I presume that it tasted good.

Indian butchery is not very tempting to the palates of white men, from any standpoint. At Fort Berthold the Indian herd of beef cattle was held some twenty miles up the Missouri, at the hay camp. The day before beef was to be issued, an ascertained number of cattle were driven to the Agency, and placed in the corral over night. The Indians love excitement, and if the cattle accidentally became fractious on the way down, and tried to break away, the herders had the fun of a buffalo hunt in miniature, and as this afforded them the desired fun and excitement, these accidents on the way down were rather frequent. In the morning the Indians surrounded the corral, and a few chosen ones did the killing, using Winchester rifles; dropping the cattle sometimes at the first shot, but oftener being several. The shooting done, the animals were bled and then skinned where they lay. The skin was dragged from under the carcass leaving it lying on the ground. Next, the viscera were taken

out and dragged over the ground a few feet from the carcass; the contents of stomach and intestines were emptied out, and the viscera divided out among the claimants. Finally the animal was quartered and the quarters dragged over the ground through manure, blood, contents of viscera, etc., sometimes for fifty feet or more, put into wagons and hauled away. The coating of foreign material that adhered to the meat was generally considerable; and I am not certain but of the two the dog meat was preferable.

Our White tastes enables us to make use of this meat so neatly handled—but our White prejudices condemned the dog meat as unfit to eat.

HÆMORRHAGE DIATHESIS.

By L. Reynolds, M. D., Horton, Kans.

Harmophilia or hæmorrhage diathesis is a condition about which we have all heard, but we meet it so seldom that we are apt to find it, if at all, when not looking for it.

There is a variety of opinions held regarding this condition.

Vermeuil of Paris does not believe in such a special condition, not having seen a case in a tolerably large experience.

He has observed the tendency to bleed persistently, but always in those who were subjebts of hepatic disease, malaria, diabetes, scurvy or some other constitutional disease.

Most authorities, however, agree that such a condition *per se* does exist, is hereditary. and occurs chiefly in male members of bleeding families. It occurs eleven to thirteen times as often in males as females, but the latter have almost a monopoly of its transmission, handing it down through the maternal parentage for many generations.

It may be acquired. Is found in all localities and conditions of life.

The hæmorrhage may occur idiopathically from nose, rectum or into the cellular tissue beneath the skin.

Bryant says the bleeding may be either venous or arterial, while most other writers regard it as capillary.

There is nothing in the appearance of a subject of this condition by which its presence may be known.

Its hereditary nature and habitual tendency serve to distinguish it from purpura hæmorrhage and other temporary conditions.

Whether the hæmorrhage is due to some fault in the vessel walls, character of blood preventing its ready coagulation, or some original vice of tissue structure has not been determined.

Short of the diathesis there is a great variation in different individuals in the amount of blood lost under, otherwise, the same conditions.

Surgeons, operating almost daily the year round, have noticed a marked tendency to bleed more freely during an epidemic of the influenza even though the patient has not shown any symptoms of the disease.

The operating surgeon is less concerned about the more malignant cases since they are more apt to be known and avoided while the milder types may be first discovered during some grave operative procedure.

The following case, a lady aged twenty, was one, in my opinion of sufficient gravity to justify classification as one of this diathesis. She had been the subject of epilepsy for fifteen years. But few attacks, however, which were of mild character, occurred before puberty which was established during her fourteenth year.

The inauguration of menstruation was accompanied by a marked aggravation in the frequency and severity of the epileptic seizures.

Laterally her mind grew perceptibly weaker and frequent vomiting was added to her symptoms, resulting in well marked anemia and exhaustion.

Pelvic examination showed her to be suffering from retroflexed uterus with enlarged ovaries.

There was nothing in her history to arouse a suspicion of her tendency to bleed.

Menstruation was irregular, sometimes missing several months, was scanty and always accompanied by from one to three fits although she occasionally had attacks during the intervals.

Operation June 13th, for removal of ovaries which were subjects of hydrops falliculi or multiple cysts.

Six hæmostats only partially restrained the hemorrhage in the small abdominal incision.

Bleeding occurred from both pedicles where the ligatures buried in the tissues. During an effort to lessen this oozing by additional ligatures one of the pedicle ligatures lost its grip causing a free hæmorrhage for a moment. A number of ligatures were placed instead of the one considerable oozing continued as new ligature punctures made new bleeding points. It was found impossible to stop all loss of blood. A drainage tube was placed in the cul-de-sac.

Considerable delay was occasioned by further efforts to restrain bleeding, but when ready to close the primary incision it was still bleeding. This was stopped by the closing sutures bringing its edges into opposition.

An alarming amount of blood was drawn off through the drainage tube during the first two days following the operation but the amount gradually diminished until at about the end of the third day the tube was removed.

There was nothing in the appearance or history of this case to indicate that she was a bleeder. No history of any hereditary diseases in her ancestry could be obtained. She was one of nine children two of whom died young, one at age of six years from intestinal obstruction, the other of whooping cough.

She has made a satisfactory recovery from the operation.

If you are old and presbyopic and have forgotten your spectacles make a pin-hole through the corner of your visiting card, and through it you can read your clinical thermometer, or examine any other small thing nicely.—*Med. Press.*

Frequently an attack of asthma can be overcome by a hypodermic injection of morphia. Don't repeat it too frequently. Occasionally, morphia and atropia are better than morphia alone.

DRIFTING, WHO, HOW, WHITHER.

The written code of medical ethics is doomed. We have said this often within the last year and a half, but never with so much confidence and full assurance as now. There are inherent in it qualities which inevitably make for self-destruction. The day of its final overthrow is postponed only so long as the great majority of the medical profession decline to look the matter squarely in the face, to think, each man for himself, to consider his individual interests, to recognize the humiliating fact that just so long as he is a consistent follower of the code he is a tool at work for the "Medical Politician." All along the line may be heard the mutterings of discontent, and the revolution is following fast.

No more telling blow has been struck at the code than the splendid paper read by Dr. Leartus Connor, before the Academy of Medicine in Baltimore, in May. It is a frank, manly, good-tempered statement of facts, that admits of neither quibble nor gain-saying. To appreciate the full force of Dr. Connor's paper it must be borne in mind how very exalted a position he holds in the ranks of the profession. In 1855 he graduated from grand old Williams College, the *alma mater* of so many distinguished men, (the names of Garfield and Justice Field come at once to mind as chief among them.) Later the same college conferred upon him the degree of A. B. He graduated from the College of Physicians and Surgeons, New York City, became ophthalmic and aural surgeon to Harper Hospital and the Children's Free Hospital, was for many years the most successful editor of the *American Lancet*, is a trustee of the Journal American Medical Association, etc. We give, although it is long, Dr. Connor's paper in full, and hope that no one of our subscribers will fail to read it through, and carefully read it. That Dr. Connor has seen, and been able to interpret, the handwriting on the wall no thinking reader can doubt. It may be here noted that already this paper has been quoted widely, and occasioned no end of comment, indicating how heartily his views are seconded by the *Medical Press*. The subject of the paper is: *Drifting, Who, How, Whither*. Dr. Connor said:

The study of medical sociology exhibits a drifting in the matter of consultations. Rightly considered, the medical consultation is the "holy of holies" of associated work. He can enter it aright, who, in the words of the Great Teacher, "hath clean hands and a pure heart; who hath not lifted up his soul unto vanity, nor sworn deceitfully."

Its history shows that the medical profession has ever taken the greatest interest in the qualifications of those seeking its fellowship. Not all calling themselves "doctors" have been admitted within its fold and many have been ejected therefrom who have entered by ways other than the strait gate.

Because of its jealousy of the proper character of its membership, the laity have termed the profession intolerant, bigoted, and narrow—so little has the world ever comprehended the sacred trust assumed by the physician.

The medical profession holds as sacred all knowledge acquired in the performance of its duties; it suffers in silence that the sick may recover health; it endures misrepresentation and obloquy because its nature and purpose are exalted above popular comprehension; it must be clean in thought, pure in life, and unselfish in work, if it would most effectively accomplish its purpose. Hence the necessity of ever keeping its ranks free from those lacking these qualities.

Differing standards of admission to the medical profession have prevailed in succeeding ages, different countries, peoples, and civilizations; but each has had some standard for both admitting and expelling members. No physician was ever burned at the stake by the medical profession for holding diverse views on matters of medical theory or practice, but many have been ostracised and regarded with contempt.

The standards of professional association are partly written, but more generally unwritten. Our written standard was adopted in 1847, but our unwritten one traces its origin to the first medical-man, being inherent in the nature of the medical profession—a part of the medical training. The son absorbed from his father, or the student from his preceptor medical knowledge, morals, and etiquette, and transmitted the same to their sons or students. Thus from hand to hand, mouth to ear, hand to eye, the real standard by which we accept or reject professional fellowship, has come to us as a direct personal testament from generations far antedating the earliest historic record.

The Roman Catholic Church regards the medical profession as *the* profession, all else but fragments, and in this respect it concurs with the estimate of itself by the profession. It is a gigantic tree whose germ sprouted when human beings first needed relief from suffering, whose leaves have been for the healing of the nations, and under whose sheltering boughs the worn and distressed are protected from the scorching heat of life's physical diseases. The question before us is, what shall be the relations of the medical profession to the "sects" and "isms" as homeopathy,

eclecticism, etc? The code of ethics adopted by the American medical profession in 1847 makes the specific statement, that all professional association with members of these sects is derogatory to the medical profession. To "aid or abet" in the education of the believers in these sectarian views is also regarded with similar disfavor. For many years some have doubted whether ostracism was the wisest method of dealing with these sects. The number of doubters has, from year to year, so multiplied, that the student of medical sociology notes the change with increasing interest. He is led to inquire whether this drifting, starting in city and country, upon the mountains and in the valleys, from thousands of active centers scattered throughout the entire land, will finally lead the profession, to unitedly accept some method of dealing with medical sects, creditable to all and promotive of the best interests of the profession and humanity, or cause it to return to the primeval principal of an honorable fellowship, thoroughly trained in medical science and art.

Of this drifting we briefly note a few illustrations.

First in the matter of education.

When all medical colleges were manned by regulars, homeopaths and other sectarians obtained their scholastic education at these schools Later the sectarians were able to educate their students in their own colleges, hospitals and dispensaries. When medical departments were established in State universities, the sectarians sought a position in the same, that they might teach their peculiar view. Notable among the institutions where this end was sought is Michigan University. Shortly after its foundation the homeopaths induced the State legislature to instruct the board of regents to place in the regular faculty a professor of homeopathic *materia medica* and *practice of medicine.* For many years the regents refused to accede to this instruction; nor did they yield until it became an alternative of a sectarian professor or no university appropriation from the legislature. At this juncture the Michigan State Medical Society arose against the alliance and protested with such force as to cause the authorities to pause. The matter was at last carried to the American Medical Association and settled by the passing of a resolution to the effect that it was as derogatory to educate sectarians as it was to consult with the same after they were educated. The regents now set up a distinct homeopathic college (on paper). The phrase *on paper* is used because the homeopathic students still continue to be taught by regular teachers in the following subjects, *viz.*, chemistry, physiology, anatomy, bacteriology, hygiene, physiological chemistry, physics, pathology, histology, etc. That the regular professors should not be compelled to sign the diplomas of sectarians a new scheme of issuing university diplomas was adopted, by which no professors' names appeared thereupon but only those of the president and secretary. It will thus be seen that in spite of the resolution of the American Medical Association, the regular faculty have been and are constantly engaged in educating those whom they know to be sectarians in

medicine. As this arrangement is acquiesced in by the profession, it is clear that in the matter of educating sectarians there has been a great drifting.

Of interest in this connection is the present agitation respecting the Homeopathic Medical College at Michigan University. Under the arrangement described this college failed to commend itself to the homeopaths, so that the members of this sect practically repudiated it. Hence its classes so diminished as to compel the regents to seek some other method more satisfactory to all parties. The plan which thus far has seemed to meet the wishes of the regular faculty, the board of regents, and a portion of the homeopathic faculty was the abolition of the so-called Homeopathic Medical College and the placing of a professor of homeopathic materia medica and practice of medicine in the faculty of the regular school. The final decision has not yet been announced. But that the deans of both the regular and homeopathic faculties, and the regular physician on the board of regents should unite in seeking to place on the faculty of the regular school a homeopathic professor, is significant of a drifting quite startling, and the more so as no public protest has been made against it by the regular profession. Other State universities than that of Michigan having medical departments are arranged along similar lines. These are all more or less responsive to the demands of the popular will, and this will, generally speaking, demands the full recognition of one or more of the "pathies" and "isms."

The first extensive revolt against the written law under consideration occurred in New York. It was preceded by an extremely bitter conflict and caused not a few ripples in the American Medical Association. The result of this revolt was that the friends of the written law established the New York State Medical Association and retained their allegiance to said law, while the opponents captured the old State Society, abrogated the written and returned to the unwritten law. To many this seemed a revolutionary proceeding, but when it is remembered that the revolting faction simply returned to the first principles of the medical profession, principles which satisfied the profession during thousands of years, the matter assumes a different aspect. The reformers only abrogate the written law of 1847, preferring the larger individual liberty of the profession anterior to that date. Previous to this, Massachusetts had a contest along similar lines, which resulted in affording sectarians equal rights with regulars, and turning popular prejudice against the medical profession.

The Mississippi Valley Medical Association gives its members entire freedom in the matter of consultations. Other medical societies in other places have taken similar action, notably in Chicago, Cleveland, etc.

An extensive knowledge of the habits of prominent physicians leads to the conclusion that a fat consultation fee is rarely refused because the attending physician is a sectarian. Personally the writer has often been told by colleagues that he was a fool because he regarded it a matter of

gentlemanly honor to obey the spirit and letter of the law of consultations while he retains membership in societies having this law as a condition of membership.

Another marked illustration of this drifting was seen when a committee of its own appointment reported to the American Medical Association that it favored such alteration of the code of ethics as would permit consultations between all physicians properly educated, legally qualified to practice medicine, and of honorable reputation in the place where they live. When it is remembered that the committee so reporting individually obeys both the letter and spirit of the code bearing upon this point, it will be evident that their report indicates a drifting of the medical profession.

This drifting is farther seen, in that regulars and sectarians work side by side on boards of health, State and local, and on boards of other State institutions. This very imperfect sketch shows that, whether we like it or not, the fact cannot be disguised, the professional relationships of regulars and irregulars are, at many points, multiplying and extending. If, finally, through these relationships the sectarians shall be swallowed up by the medical profession, history will simply repeat itself. Within the memory of living physicians, specialists of all sorts were ranked as "irregular," and with them were classed "practitioners of massage," "electro-therapeutics," "hydro-therapeutics," etc. Now work in these fields is regarded as the most honorable, and the workers receive the largest returns in money, honor, and fame.

Whither does this drifting tend? The history of the past and the logic of existing social forces point to but one result; *viz.*, the absorption of all ideas that are true and helpful, and all persons who are honest and of good report into the medical profession. To this end larger liberty will be accorded the individual physician. He will be permitted to choose his professional associates from among those whom he knows to be properly educated, legally qualified to practice medicine where they reside, and of good report. Qualifications other than these will be regarded as purely local and temporary in their necessity and temporary in their existence, and to be controlled entirely by the individual physician. *It were wiser to object to consultation with a physician because of known ignorance, lack of skill, dishonest methods, or disreputable character, than because of his sectarian name.* Objection on the first ground is readily understood by any layman, but objection on the second fails to commend itself to most persons, and not infrequently brings the objecting physician into discredit.

The medical profession originated in the effort to systematically relieve human suffering and promote human health. Amid the glimmerings of dawning science, it jealously guarded each addition to its knowledge and incidentally contributed largely to the advancement of science. In every age parasites have sought to ally themselves with the medical profession that they might use its resources to plunder a suffering, credulous humanity. To exclude such parasites from the profession has ever

occasioned perplexing thought, and for this purpose the unwritten custom of centuries was maintained, and to add still more in the same direction, in 1847, the American Medical Association adopted the written law of consultations now in force. But from the facts presented it is clear that at the present this law fails of its beneficient design. Large bodies of physicians no longer regard the written law as in accord with the nature of the medical profession, and believe that this law should either be abolished or made to accord with the changed condition of our environment.

Apparently, if the profession is to present a united front to the world on this matter, a new statement must be made, satisfactory to the majority. All agree that the profession should be kept intelligent and clean, but all do not now unite upon a practicable method for attaining this end. Until such a method is devised and adopted with substantial unanimity, the drifting will continue; a drifting from a position incomprehensible by the laity towards one clear to every person; a drifting from a position calling for defence and explanation, towards a vantage ground commanding the entire field; a drifting from an indefinite standard towards a definite one; a drifting from a position affording no hope to those outside its circle, towards one giving hope to every intelligent, honest practitioner; a drifting from a position which loses the good work done by institutions other than its own, towards one in which it can absorb all good work, wherever done, and all good workers wherever trained; a drifting from a position of inflexible definition towards one of intelligent accord with forces animating the medical profession.

Urging on this drifting are very antagonistic elements. Physicians of the purest motives and highest character cooperate with those of selfish character and despicable motives. Promoting this drifting are state university medical schools, state medical examining boards, state and local boards of health, specialists, physicians' avaricious for fame, power or wealth, irrespective of the means by which they may attain their ends, and physicians jealous of professional honor and unselfishly serving humanity.

All these however are but instruments of far larger forces, which form a part of the development of the medical profession as a portion of the nineteenth century civilization. Of these we note briefly the following. First—The intellectual atmosphere of the century has become softer, as seen in the diminishing asperity in religious, social, scientific, political and medical circles. Quite generally, we are learning that our opponents may be gentlemen, scholars, and valuable citizens, while vigorously opposing our individual beliefs and practices. Significant of the quality of this atmosphere was the meetlng at Chicago of the representatives of all religions, and their discussing, under one roof, each others religious tenets. This atmosphere of free thought and untrammeled practice has stimulated men to expend their energies, without diversion, in the investigation of new fields or enriching old ones; to develop good rather than destroy evil; to prevent infection, more than to cure the infected; to establish the con-

ditions needful to produce level-headed physicians, rather than fight sectarian titles.

Second —With the advancing century humanity has acquired a larger faith in the ability of truth to look after its own interests, if only each individual did his own life work in the most perfect manner. Hence, physicians have been disposed to give plenty of rope to the offenders of truth, in the belief that thus they will best dispose of themselves after the classical method of Judas Iscariot.

Third—The rapid incubation of physicians, by imigration of the products of the doctor factories of other countries, (an importation which pays no government duty), and by the swarms yearly graduating from the medical schools of the United States, has swelled our ranks to quite uncomfortable proportions. The situation is still farther aggravated by the fact that vast numbers of patients, which naturally should contribute to the support of physicians, are largely absorbed by hospitals, ambulances, dispensaries, contract physicians, railway physicians, accident insurance companies, medical college clinics, and numerous private institutions supported by shrewd advertising. This crowding compels each physician to cultivate his field to the fullest degree possible. He is compelled to know all about the sectarians as well as the physicians of his field. This close contact has proved that some sectarians are better educated, more gentlemanly and honorable than some regulars. This personal knowledge renders it possible for him to cooperate with the sectarians in the management of cases in which they have a mutual interest and profit. Except for the crowding, this knowledge would have been difficult of attainment; now it leads him to believe that professional character and ability are of higher importance than a sectarian name, and so powerfully drifts him away from the written law of consultations.

Fourth—Experience has shown that the fighting of a name, as that of a sectarian, is unprofitable to the fighter and the medical profession. Here, as elsewhere, "The blood of the martyrs is the seed of the church." Persecution of sectarians, under their official designation, but increases their prosperity and discredits the medical profession. The profession is drifting to the practice of ignoring the special name and of looking after qualifications for doing creditable work, of persuading individuals to abandon untenable errors in theory or practice, or better still, of so training medical students that they will avoid "isms" and "pathies," and intelligently enter upon their relations with active physicians.

Conclusions.—1. In the matter of consultations the medical profession is drifting from the law written in 1847 to the unwritten law inherent in the medical profession since the first doctor entered upon his work—far anterior to any historic record.

2. This drifting was inaugurated and is continued by forces and agencies which have made the nineteenth century the most remarkable in

history—individual men or institutions have merely served as instruments for the operation of these forces and agencies.

3. There need be no anxiety concerning this drifting. The medical profession will always remain anchored to its fundamental nature of a competent honorable brotherhood. The changes sought are merely the substitution of a thing of universal application for a sectarian name of limited scope. It is sought to exclude from fellowship all who are incompetent or disreputable, whether they have or have not a sectarian name. The final attainment of this drifting will mark a far higher standard of professional life, and a truer exemplification of individual liberty.

4. It is believed that we are drifting towards the practical adoption of the following: "Every physician shall be deemed eligible for professional consultation who has shown that he has such preliminary training as enabled him to comprehend the study of medicine; has fully mastered the elements of medical science and art; has complied with existing laws respecting physicians in the state of his residence; and who has maintained an honorable reputation. Of these qualifications the physicians of his locality shall be the final judges; If those who know him best endorse him, then shall he be freely admitted to the membership in all medical organizations and be eligible for consultations."

5. If the profession fails to agree upon a statement in substance like the preceding, the logic of events points to a rejection of the entire written law of 1847, and a return to the unwritten law of previous centuries—the one now holding sway in all countries except the United States.

THE Secretary of the Tri-State Medical Society extends to us the following cordial invitation for their approaching session. It embraces all the subscribers of the JOURNAL.

Editor Cincinnati Medical Journal:

My Dear Doctor—You are invited, with your friends, to attend the next annual meeting of the Tri-State Medical Society of Alabama, Georgia and Tennessee, which will be held in Chattanooga, Tenn., on the second Tuesday in October.

Ask for reduced rates on the railroads.

CHIONIA, the hepatic stimulant is attracting much attention in the medical profession. Its physiological action is that of a gentle stimulant to the liver and portal circulation, encouraging normal action of that organ. It is not considered a cathartic specifically.

Clinical Reports.

THE DIAGNOSIS AND TREATMENT OF ACUTE INTESTINAL OBSTRUCTION WITH A STUDY OF THREE CASES.*

By Fouche Warren Samuel, A. M., M. D.

Surgeon To the Louisville City Hospital; Demonstrator of Operative Surgery in the Louisville Medical College; Fellow of the Louisville Clinical Society, etc., Louisville, Ky.

[Stenographically Reported By C. C. Mapes.]

In a paper bearing the above title read before a recent meeting of the Louisville Clinical Society, the author said that the three cases presented for consideration represented typical cases of acute intestinal obstruction, the cause of two of them being rather rare in adults. That he did not wish to be understood as placing all cases of obstruction in the classical division of *acute* and *chronic* obstruction, for he was well aware that many cases fell between the two; and, on the other hand, many cases of chronic obstruction became suddenly acute.

Case 1.—Mr. H——, aet. 37; occupation butcher; health since childhood had been good. July 1st, 1894, was suddenly seized with pain in abdomen which was attended with great shock, afterward becoming intermittent with a desire to frequently go to stool. From statements of the patient's wife, his stools consisted of mucus and blood.

Physical examination of the abdomen revealed a tumor which was tender to the touch and exceedingly movable, occupying the right ilio-lumbar region, its greatest diameter directed transversely across the abdomen. Diagnosis, intestinal obstruction; operation proposed and readily accepted.

Patient was placed on the table forty-eight hours after onset of first symptom. Chloroform being administered, the abdomen was opened by an incision at right angles to a line drawn from the umbilicus to the anterior superior spinous process of the ilium. A tumor presented which was immediately grasped, and

*Note: This article was published in full in the *American Medico-Surgical Bulletin*, August 15th, 1895, p. 968, and it is with the Editor's consent that an abstract is prepared. The discussion which follows has not before appeared in print.

proved to be the cecum. The condition was recognized at once and several unsuccessful attempts made at reduction. Passing my index finger through the ileo-cecal valve, and gradually insinuating a second finger, I was enabled to dilate the constriction. Upon withdrawing my fingers the invaginated ileum rapidly followed,, and was found to consist of fourteen inches of ulcerated and gangrenous gut which had become invaginated into the ascending colon. It was decided that resection and artificial anus was the quickest and most radical method we could adopt. as she patient already began to show evidences of decided shock.

By a series of chain ligatures the mesentery was secured and fifteen inches of ileum removed. About two inches of the ileum, as it is lost in the caput coli, was left, it becoming afterward perfectly healthy, proving the correctness of our observation. The distal and proximal ends of gut were placed parallel in the incision, and gauze tampons as drainage pushed down parallel with gut ends to the head of cecum. The manner of thus placing the two tubes was to open the intervening walls between the tubes, and by suturing the ends enable us afterward to sink the mass into the abdominal eavity, performing in that way intestinal approximation in situ, extra-peritoneally, as a secondary operation.

Feces passed immediately, and for nine days our patient enjoyed perfect comfort. During this period he was allowed the upright position in bed, semi-solids to eat, and his recovery seemed assured. On the tenth day signs of intestinal obstruction developed, which proved in a few hours to be complete. He was again placed upon the table and the abdomen opened in the median line, when it was discovered that a loop of small intestine had become adherent to the bank of lymph surrounding the gauze tampon, producing acute angulation. The obstruction was relieved as proven by the immediate passage of flatus. The patient was placed in bed in profound shock, from which he never rallied.

Case 2.—Mr. Adam O——, aet. 39; brewer; large and plethoric; was admitted to the City Hospital January 11th, 1895. The following history was obtained by the aid of an interpreter.

The patient walked to the hospital (about one-quarter of a mile) sat in the office while his card was being made out; walked to the elevator, and thence to the ward. His temperature was 102.6 Fahrenheit, pulse 140; he was suffering from extreme shock, and complained of great pain in the abdomen. He stated that he had been perfectly well until four days before coming to the hospital; that his trouble began with a sharp, agonizing pain in the right iliac region, which continually grew worse; and that he had had several stools each day. It was stated by one of the hospital attendants that the vomit had a fecal odor. I saw patient two hours after admission; his temperature was 103 Fahrenheit; pulse hardly perceptible at the wrist; he was in profound shock; face cyanosed; tongue actually blue-black. In other words he was rapidly failing. He died about one hour after I saw him.

Upon physical examination at my first visit his abdomen was found tympanitic; he was vomiting; his temperature 103 Fahrenheit; a tumor was ill-defined in the right iliac region, and with the foregoing symptoms I was inclined to regard the case as one of appendicitis. I was not then in possession of the fact that his stools had consisted of blood and mucus. Post mortem disclosed a condition the facsimile of case 1—about ten inches of ileum being invaginated into the ascending colon through the ileo-cecal valve, and it was with some force withdrawn. It proved to be entirely gangrenous.

Case 3.—Mrs. O——, was operated upon a year ago at the City Hospital for inflammatory trouble of the adnexa. March 6th she was seized with pain in abdomen, her symptoms being constipation, vomiting and tympanites. I was called to see the case by the attending physician, and found symptoms as given; temperature 100 Fahrenheit. Diagnosed acute intestinal strangulation, and proposed operation which was readily accepted.

She was taken to St. Joseph infirmary and the abdomen opened in the median line from the umbilicus to within two inches of the pubes. A portion of the ileum was found adherent to scar of first operation. The chief cause of obstruction was a band thrown from the mesentery over a loop of small intestines.

So tight was this constriction that after severing the loop the impression remained in the gut wall until nearly completion of the operation. Numerous loops of ileum and jejunum which had become matted together after the former operation, were separated. Most of the adhesions were tough and of the spider-webbed variety. After separating the adhesions I was assured that perviousness of the canal had been established. This was proven immediately, for, being placed in bed, she passed flatus, which was shortly followed by three watery evacuations. She died forty-eight hours afterward with a flat abdomen, all obstruction having been removed by free action from salts ten hours after operation. Six hours before death she became delirious, with a temperature of 103 Fahrenheit.

It will not be amiss to briefly state the forms of acute intestinal obstruction: They are as follows according to their frequency—(1) intussusception; (2) strangulation by bands of organized inflammatory material through apertures; and (3) volvulus. Intussusception constitutes one-third of all cases, and is distinctly a disease of childhood. It occurs in the small bowel (rare); in the colon or rectum, and in the ileo-cecal region, the latter being the most common site. Intestinal obstruction due to bands constitutes about one-third of all cases. The onset of acute intestinal obstruction is sudden; the symptoms from the beginning are urgent, and after running a rapid course are almost uniformly fatal. Spontaneous recovery after intussusception is rare, while recovery from adhesion bands or volvulus, by nature, is unknown.

The symptoms of acute intestinal obstruction are in the main those found accompanying an ordinary strangulated hernia, but are far more aggravated. There is severe abdominal pain known as the tormina; in the majority of cases it is attended with profound shock and associated with absolute constipation; vomiting is an early symptom; the irritated bowel soon becomes filled with gases and secretions—plus the fluids given by friends to resuscitate the patient, which cause distension of the gut; the increased abdominal pressure and constant contraction of the intestines cause the fluids to become regurgitated by the only possible exit. It is now a well-recognized fact that fecal vomit-

ing does occur when obstruction is well above the large bowel. On the other hand, it rarely does if the constriction is as high as the jejunum. These symptoms, with absence of fever, make up the bulk of the symptoms observed in all cases of acute intestinal obstruction, save that of intussusception, which, in a fair proportion of cases, have bloody stools and a tumor which can be felt in the abdomen or by the rectum.

Before discussing the treatment of acute intestinal obstruction due to the causes under consideration, I will briefly review the present status of opinion in regard to the management of such cases. There are two methods in vogue; one may be referred to as the plan of Mr. Hutchinson, whose prominence in the profession and whose labors in this direction have been so conspicious that I quote his opinion in full. "In the present state of surgical knowledge, exploratory operations for the relief of abdominal obstruction, the cause of which cannot be diagnosed, are not warrantable," basing his opinion on instances of spontaneous recovery. After carefully reviewing Mr. Hutchinson's method as set forth in the "Archives of Surgery," and the few cases reported by him, I am compelled to say that his reasoning has failed to carry conviction to my mind. I must also differ in toto as to the frequency of spontaneous recovery. Indeed it has never been my good fortune to see a single case of acute ileus recover. On the other hand, I am in accord with those who agree with Gregg Smith, that in acute obstruction there is practically but one termination—death—with non-interference. Certainly, he says, if ninety-five percent die when let alone, the indications to operate are as plain as to tie a bleeding carotid.

In describing the operation it will be my purpose to touch upon the essential points leading to success. Shock and time being the most essential elements of danger, every effort should be directed toward preventing its increase, after the peritoneal cavity has been invaded as well as to keep the protruded bowel from becoming chilled. I mention this because heretofore eventration has been heartily condemned, but when properly managed it is far safer than constant rough handling to retain the distended coils. Again, as the patient's condition

is more often than otherwise exceedingly serious from exhaustion due to delay, it is best that we do the shortest operation. And I would respectfully call attention to the success that has come to those who have followed Mr. Gregg Smith's suggestion: when your patient is already exhausted by drugs and delay, and you have decided to open the abdomen, and fail at first to find the obstruction, or even if you succeed in finding it, after rapidly and carefully surveying the ground, you see that an extensive operation is needed it would be far better to tap the gut above the constriction, and make an artificial anus in such a manner, if possible, that same may be subsequently closed. Operation in this class of cases (intussusception) will be "incision and amputation, resection and immediate suture, extrusion and artificial anus." The relative merits of these procedures have yet to be carefully weighed. Resection and immediate suture is the ideal method, but it is not always feasible. With more skillful operating and better appliances greater success by this method will yet be recorded if the abdomen is opened early. The work of Knagg, Annandale and Clark in the treatment of acute intestinal obstruction by celiotomy affords encouragement.

In acute intestinal obstruction, early operation offers the only chance. I would never stand on middle ground—that is, "try drugs, then operate,"—it is always a fatal compromise.

DISCUSSION.

Dr. W. H. Wathen:—Dr. Samuel has referred to the fact that I was present at one of his operations, and I must say that I have never seen the intestines so universally and so firmly bound together, nor have I ever seen them more thoroughly separated than was done by the doctor. When the operation was completed, I felt sure that all obstruction had been relieved, which was proven by the immediate passage of flatus. In the separation of such extensive and tough adhesions, it is next to impossible to avoid injuring some part of the bowel, and when we have carefully examined the intestines, and find no point that has apparently been injured, we need not be surprised afterward that there is perforation or obstruction. And I am inclined to believe that the death of this patient resulted from giving away of some part of the bowel. One or two points were carefully sutured by Dr. Samuel where he thought the outer coat was so deeply injured that there might be rupture, and it may have been that some point escaped our observation as the operation was done by electric light. I cannot see why

the patient should otherwise have died, as the operation was carefully done and gas passed freely showing perfect removal of the constriction. I believe no *post mortem* was held—this would have shown the cause of death.

Dr. W. L. Rodman:—While I cannot discuss the paper intelligently, not having heard the greater part of it, I would like to ask the doctor one or two questions. I would like him to state in closing the discussion what he thinks of using the Murphy button in resecting the gut, making an end-to-end anastomosis. If my memory serves me rightly, in a recent paper upon the subject of acute intestinal obstruction, Dr. Murphy states that up to a year ago there have been sixteen cases operated upon by means of his button where more or less of the gut was resected and an end-to-end anastomosis accomplished, and that fifteen out of sixteen recovered. This of course is a very remarkable showing for the Murphy button, and if surgeons had rushed into print with their unsuccessful as they have done with their successful cases, perhaps the showing might not be so favorable. Considering the mortality in this condition which has been given by Reichel after reviewing fifty-nine cases, of fifty per cent. I cannot believe that it can be reduced to one in sixteen by the Murphy button or anything else. Still I think the Murphy button will perhaps have its best use in intestinal obstruction. As Dr. Samuel has said, anything is desirable which saves time and reduces shock in these operations, and certainly we can save time and reduce the shock very decidedly by use of the Murphy button. In the use of this button it is very necessary, according to recent reports, to employ one not too large; the diameter should not be over one inch, as larger buttons have caused sloughing of the gut in several instances; two such cases have been reported by Abbe, of New York, He made an anastomosis using a button too large—$1\frac{1}{4}$ inch in diameter, and the pressure was so great that it resulted in necrosis of the gut; of course the patient died.

Dr. J. M. Mathews:—One point which impressed me, that Dr. Rodman's words also bring to my mind, is that Dr. Samuel has been brave enough to report three unsuccessful cases. There can be no question that in intestinal obstruction whether it be acute or not, early operation should be done. But with the report of Dr. Samuel's cases, it can be seen very plainly why it is not done. It is difficult sometimes to make people understand the importance of early operations for intestinal obstruction. The same thing may be said of appendicitis. Certainly early operative interference is the only thing to be thought of.

Although the essayist takes exception to what one of the most learned of all scholars in our profession and writers of ability has said, his conclusions are very correctly based—that drugs should not be thought of in dealing with intestinal obstruction, after you have made the diagnosis. Of course it is sometimes questionable whether it does exist or not, and in certain cases perhaps the point could only be determined by an operation.

Dr. Aug. Schachner:—One of the chief difficulties in connection with intestinal obstruction is to make the diagnosis sufficiently early, and I agree with the essayist that it is essential to act promptly before the condition has become serious. The principal dangers are those of shock and gangrene of the bowel, So far as eventration is concerned, I do not think it a good plan unless we are absolutely obliged to do so. Not only does eventration favor the production of shock, but I believe the handling of the intestines tends to increase the danger of sepsis; certainly the less the intestines are handled the better for our patient. The method that the essayist refers to is practically Maunsell's method of resection. Maunsell's method of anastomosis now in favor with some of our prominent surgeons, in a few words, consists practically in making an opening below the proposed site of resection, then producing an intussusception. The operation performed by Dr. Samuel is practically a modiffcation of Maunsell's method of resection.

Certainly there is a great field for the Murphy button in intestinal work. Resection can be made with this contrivance in a very few minutes, and in intestinal obstruction the condition usually requires the shortest possible operative interference, which makes the Murphy button very desirable. The two great indications for the Murphy button are cholecystduodenostomy, and end to-end anastomosis. While of course there are other indications, these are the two principle ones.

Dr. F. W. Samuel:—The Murphy button is undoubtedly a very ingenious affair, and a great time saver; certainly Dr. Murphy's ingeniousness has not been excelled in the history of medicine or surgery. The button can be easily and quickly adjusted; According to his latest plan of operation it is probably the quickest method of doing a resection. But as Keen, of Philadelphia, has shown, one of the greatest drawbacks to the Murphy button—and one that few of us have probably considered—is that while it is quick in operation, the opening in the gut contracts afterward so rapidly that it produces a form of chronic intestinal obstruction which may end in acute intestinal obstruction. Keen reports one case where he operated with the Murphy button, the patient having died four months afterward, and a post mortem showed that the opening had contracted so much that obstruction was imminent.

While in Chicago last summer I had the pleasure of meeting Dr. Murphy and saw him operate. He said his largest button was so large as to be able to overcome this contraction. In gall bladder surgery of course the conditions are different, and any contraction afterward in this class of cases would make very little difference.

In regard to resection: Dr. Schachner has spoken of Maunsell's method —I am perfectly familiar with this operation, but the one I spoke of first was Barker's method, which was afterward modified by Maunsell, so that it

might be called the method of Barker and Maunsell. Barker's original plan was to imitate nature.

Dr. Aug. Schachner:—I read a paper recently before a meeting of the Louisville Academy of Medicine detailing the objections to the Murphy button, in which I reviewed the question of contraction which is supposed to follow. I remember distinctly the case referred to by Dr. Samuel reported by Dr. Keen, and in looking up the objections that is the only instance recorded thus far where any contraction has occurred. In that case after forty-seven days contraction had taken place to the extent of one-half the original opening. Dr. Murphy in his last paper very positively and emphatically says that contraction does not occur, and other surgeons have corroborated this statement. In several reported cases it it stated that not only did contraction not occur, but strange to say there was an actual dilatation. Why this should be so, I cannot explain. I have done a number of resections of the intestine on dogs according to the method of Wœlfler using suture; I have turned in quite a large amount of the intestine with a view of noticing how much contraction took place, and where enough of the intestine was turned in to compromise half a lumen, in the course of two months examination of the specimen showed only a slight annular contraction; simply a slight ring an the outside with practically no contraction of the intestine whatever. Where you are careful in doing the resection, turning in only a sufficient amount of the gut, I believe no contraction will occur.

Dr. F. W. Samuel.—When I saw Dr. Murphy he was preparing a paper upon the use of his button, and stated that there was always a certain amount of cicatricial material after such an operation; and we know where we have cicatricial material in muscular structure, we are certain to have more or less contraction. Even in turning in a portion of the gut, you do so at the expense of narrowing the lumen.

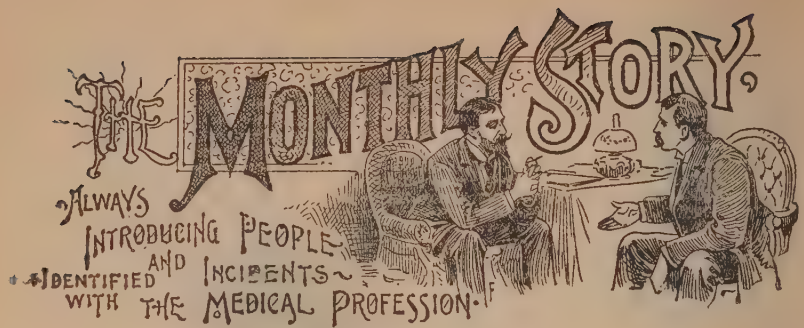
I agree with Dr. Schachner that in an end-to-end anastomosis contraction is likely to be very slight, or perhaps out of the question, but in lateral transfixion there can be no doubt that contraction will take place.

She—"Turn your head the other way, little boy; I want to get over the fence."

He—"I can't; I've got a stiff neck."

She—"Well, turn your back around, then."

He—"Please, ma'am, I don't want to; I have'nt got no seat in my pants."



THE RED BRACELET.

By Clifford Halifax, M. D.

(*Continued.*)

"I KNOW," I answered—"your father has told me. You see, he is not a good man."

"What does that matter?" He is necessary to me."

"Do you really love him?" I asked. My words evidently surprised her; she paused in thought.

"I can't tell you whether I love him or not," she said at last. "I can only repeat that he is necessary to me. I have only known him for a little over a month, and during that short time he has become an essential part of my life. All the rest of the world may go, but if he remains, I shall be happy. He has gone, and the world is dark—dark as my sightless eyes. Oh, this agony will kill me. I feel as if my heart were bleeding inside—it will soon bleed itself to death."

The poor girl gave utterance to a terrible groan as she spoke—she sank back into a chair, her face looked ghastly.

"If this man were back with you, you would be happy?" I asked.

"My heart would stop bleeding."

"But, answer me, would you be happy?"

"I don't—quite—know." She brought out these words with startling distinctness.

"When people love, and are together, they are generally happy," I said.

"I have heard so," she replied. "I never thought that love—love of this sort—could come into the life of a blind girl. It came, but I don't think my sensations were ever those of happiness. I can't tell you what I really felt. An irresistible and great force surrounded me. I knew that I had no will apart from that of Basil Winchester's. Anything he told me, I did—even if he asked me to do wrong, I did it. My father and mother were opposed to our marriage: but I cared nothing for their opposition. I lived—I live——only for him. He has gone now, and—I am dying—it is as if the sun had set;"

"You ought not to speak in that way—think of your parents."

She shook her head.

"It is useless," she murmured.

"They love you dearly."

"I know that, but the knowledge of their love doesn't affect me in any way."

"Don't you love them in return?"

"No, I don't think I love anyone.

The only emotion my heart is capable of is of a great, passionate, starved yearning to be with Basil Winchester."

"Suppose you found out that Winchester was not a good man—that he was, in short, a scoundrel?"

"I should not care—he would still be Basil Winchester to me.'

Beads of perspiration were standing out on her forehead. As she spoke, she panted. I saw that I must not question her further.

"Well," I said, in a soothing tone, "you have my promise not to take your bracelet from you—that is, if you continue to eat when I think it necessary to give you food."

"I will do anything if you will leave me my bracelet. I am certain that, without it, I shall lose my senses."

She began again to stroke the beads with her thin fingers. As she did so, a look of calm returned to her face.

"This bracelet is part of the man I love," she said. "When I press it to my cheek, I experience a very strange sensation. I feel as if cords were drawing me to where my lover is. I feel as if I must arise, and go to him—then I seem to hear his voice telling me to stay where I am —I try to be patient—I endure—but the drops of blood come from my heart all the time. My starved heart is dying. Dr. Halifax, can anything be done for me?"

"Certainly," I answered; "what you need more than anything else just at present is quiet sleep—you have talked quite enough. I am going to ask your mother to put you to bed, and then I will give you something to make you sleep."

"But my bracelet?"

"You have my promise that it shall not be touched. Now, I am going to speak to your mother."

I left the room—Mrs. Stafford was waiting for me in the ante-room.

"The strain and excitement are considerable," I said. "I can't conceal from you that the case is one of great anxiety. The hypnotist has exercised his wicked power to the full. I by no means despair, however, and the first thing necessary to be done, is to get your daughter to have a long, refreshing sleep. Will you see that she goes to bed at once, Mrs. Stafford? When she is comfortably in bed, I want to give her a composing draught."

Mrs. Stafford hurried off to obey my orders. In half an hour the exhausted girl was lying between the sheets. I took a draught which I had specially prepared to her bedside.

"Drink this at once," I said.

I was glad to find that my voice had already considerable power over her. The moment I spoke, she raised herself obediently on her elbow. I put the glass containing the medicine in her hand—she drained off the dose,

"Now you are certain to have a pleasant sleep," I said. "I am going to sit with you until I find that you are in refreshing slumber.

I took my seat by the bedside. Miss Stafford closed her eyes immediately. In less than ten minutes she was in the land of dreams.

The rest of the evening passed quietly. Soon after dinner Mrs. Stafford went up to her daughter's room. She was absent for nearly an hour; when she returned there was an excited, triumphant expression on her face.

"What has happened, Mary?" asked her husband.

"I think I have done a good thing," she replied. "I have got rid of the coral bracelet at last."

I started up in annoyance. "Have you really taken the bracelet from Miss Stafford's arm?" I said. "If so, I must ask you to put it back at once,"

Mrs. Stafford gazed at me in astonishment.

"I don't understand you," she said. "The influence of that bracelet has been most pernicious—I removed it just now when the child was in such heavy sleep that she did not in the least notice what I was doing."

"I promised Miss Stafford that she might keep the bracelet," I repeated. "Will you kindly give it to me, and I will slip it back again?"

Mrs. Stafford looked startled and distressed.

"But I can't," she replied. "I was wondering where to hide it, for Molly's instinct about recovering it has been marvelous. As I was hurrying downstairs, one of the servants came to tell me that a gipsy woman, whom I know very well, was waiting in the lower hall to speak to me. It occurred to me that I would give her the bracelet. I did so; she slipped it on her baby's arm, and left Mount Stafford some minutes ago.

Mrs. Stafford had scarcely said these words, and I had no time to reply, when a slight noise near the door caused us all to turn our heads. To our astonishment and dismay, Molly Stafford, in her long white night-gown, entered the room. She was staring straight before her with her queer, sightless eyes. She walked across the room in the direction of an open window. One glance into her face showed me that she was walking in her sleep.

"Hush," I whispered to the parents, "we must not awaken her—let us follow her."

She stepped over the window-sill and went out into the starlit night. Straight up the avenue she went—her rich hair fell over her neck and shoulders—her feet were bare, and I wondered that the pain of walking on the gravel did not awaken her. We all followed her at a little distance. Presently she paused at a wicket gate which led up to one of the lodges; she opened the gate quickly, and with a decided push; walked up the narrow path, and lifting the latch of the door, entered. There was a bright light inside; the lodge-keeper and his wife were sitting over their supper, and in one corner I saw to my astonishment the dark face of a woman who evidently must have been a gipsy. A baby sat on her knee. On the baby's arm dangled the coral bracelet.

With a warning gesture Mr. and Mrs. Stafford enjoined silence on the amazed group. Miss Stafford walked quickly to the child, snatched the bracelet from its arm slipped it on her own, and left the cottage as abruptly and noiselessly as she had entered. As quickly as she had left the house, she now returned to it, entered the drawing room by the open window, crossed the room, and went straight upstairs to her own bedroom, She lay down in bed with a sigh of relief, folded the bedclothes around her, and clasped her recovered treasure to her cheek.

The whole occurence must have been a dream to her, and she would not in all probability know anything about it when she awoke.

"I should like to watch by her for the present," I said to the mother.

"I will share your watch," she replied.

The sick girl slept far into the night. As the hours went by her condition satisfied me less and less. The sleeping draught I had given her had produced heavy slumber, but there was no doubt, from her restless movements and her heavy groans, that her mind was awake and active. Few doctors believe in the well-known phrase, "a broken heart," but if anyone were likely to die of this malady, the girl over whom I was now watching would be the one. Her blindness and her peculiarly nervous and high strung temperament would all conduce to this effect. Amongst the many

victims of hypnotism, there would be no sadder case than that of Molly Stafford, unless I could devise some means for her relief. Up to that moment no light dawned upon me, but I waited in hope.

About three in the morning, the sick girl awoke. She opened her sightless eyes, and in her own peculiar fashion turned them immediately upon the person nearest to her. I happened to be that person. She looked at me without speaking—presently she put out the hand on which she wore the bracelet and touched my coat-sleeve,

"You are there?" she said, in a whisper.

"Yes," I answered.

"Why do you watch me?"

"Because you are ill," I replied. "Now, I am going to give you something to eat."

"My throat is closed," she began.

"I am not going to listen to that sort of nonsense," I answered. As I spoke I motioned to Mrs. Stafford—she approached the bedside with a cup of strong beef-tea. I took the cup in one hand, and putting my other hand under the girl's shoulder, raised her to a semi-sitting position.

"Drink this at once," I said.

For a moment she seemed to shrink into herself, but then, making an effort, she held up her lips obediently. I held the cup to them—she emptied the contents, lying back again on her pillow with a sigh.

"Now you are going to sleep again," I said. "Give me your hand."

"No," she answered, "you will hypnotize me; Basil used to hold my hand when he wanted me to do what he wished—I don't wish anyone else to hold my hand."

"I promise not to hypnotize you," I answered, "but I should like to hold your hand for a few moments, for I think it will help you to sleep."

"I want to rest," she answered, in a low voice—"I am tired—tired to death!"—as she spoke, she slipped her little hand into mine.

For the first few moments she was restless, then she quieted down; she had nearly dropped off to sleep, when she raised herself to say a few words.

"I don't feel the dreadful, drawing sensation so badly now," she whispered. Then her eyes closed in slumber.

When she was quite sound asleep, I motioned to Mrs. Stafford to take my place by the bedside, and softly left the room.

Stafford was waiting for me downstairs; he was far too anxious to go to bed.

"Well," he said, when he saw me, "what do you make of the case?"

"It is serious," I answered. "It would be wrong for me to tell you anything else, but I don't consider it hopeless."

"What do you mean? Can you do anything to counteract the terrible influence under which our child is lying?"

"At present I am not quite certain," I answered. "The right thing—the only thing to do will be, by some means or other, to divert your daughter's thoughts into a completely new channel. Her illness is due to a strange and overstrained condition of the imagination. All her thoughts are turned inwards. Her blindness adds much to this condition. If I could only give her back her sight.!"

Stafford laughed, hoarsely.

"My dear fellow," he exclaimed, "even doctors can't do impossibilities—remember, the child was born blind."

"I know," I answered. I did not add any more.

"Her mother and I have taken Molly to nearly every occulist in Europe," continued Stafford. "One and all pronounce the case hopeless. A glance ought to show you, Halifax,

that the eyes are not properly formed—there is no colored part—the entire eye is white."

"Yes," I answered again. I was silent for a few minutes, thinking deeply; then I spoke.

"With your permission, Mr. Stafford, I should like to examine your daughter's eyes very carefully by full daylight. I have doubtless no right to differ from my brother doctors, but I have noticed a strange peculiarity about your child, which I have never seen before in a blind person. She is stone blind, but she turns her eyes fully upon the person she is speaking to. She confessed to me also that in strong light, such as bright fire-light or the full rays of the sun, she has a sensation which she thinks must resemble the feelings of those who see light. I own that I have very little to go upon, but I shall not be satisfied with regard to the condition of your daughter's eyes until I have examined them for myself."

My words could scarcely fail to excite Stafford—his eyes sparkled, his voice shook.

"You speak in a strange way," he said, "and I am the last to put an obstacle in your path, but for God's sake don't arouse a hope in that poor child which can never be realized."

"In her condition, even the presence of such a hope for a few hours can be nothing but benificial," I answered. "When I examine her eyes it will be necessary for me to ask her a few questions. If I am right—if there are really perfect eyes behind the curtains which now shroud them—I am firmly convinced that your girl will be completely cured from the strange infatuation under which she labors. The effect of hypnotism is overpowering to some natures. Your daughter was an easy victim. I can scarcely think of that scoundrel with patience, but if Miss Molly can get back her sight, I am convinced that all will be well with her."

"I should think so," exclaimed Stafford. To think of Molly with eyes like other girls' is too great a hope to be realized quickly."

"Don't build on it," I answered, "but allow me to examine the eyes as soon and as thoroughly as possible."

The day which was now about to dawn was Sunday.

Soon after eleven o'clock Miss Stafford entered the room where I was sitting. I did not know that she was awake, and could not help staring when I saw her. She was dressed in white, and looked very young, beautiful, and child-like. A glance, however, at her sightless eyes changed the beauty into ugliness. Oh, that I could but remove the hideous veil which covered them. She came into the room with a gliding. graceful motion peculiarly her own, and as was her wont, came straight up to me as though she saw me. She put out her hand and spoke in a low, musical voice.

"I feel a little better," she said. "That last sleep refreshed me. You soothed me when you held my hand. I don't think any the less of Basil—the links between us are still complete, but I am less restless when you are by."

"That is right," I answered, in a cheerful tone. "Please remember what I told you yesterday—the man whom you call Basil Winchester has hypnotized you. I am not going to hypnotize you, but I am going to exercise my will over yours."

"You have done so already." she answered. "I eat when you tell me; I sleep when you wish me to; I don't feel wicked when I am with you. I even begin, just a little. a very little, to take an interest in my father and mother again. Basil used to make all the rest of the world a blank. He always stood himself in a won-

derful light, but beyond him was darkness."

"You talk of light," I said suddenly; "what do you know about it?"

A wave of color rushed up to her pale cheeks.

"Nothing really," she replied, "and yet a great deal. I am always imagining what light is like. On a sunshiny day nothing gives me such pleasure as to go out and gaze directly up to where the great heat comes from. I seem to see light then. I know well it is only seeming, for I shall never see light, but I picture what it is like."

"I wish you would try to describe your picture," I said.

"It is difficult," she answered, "for of course you know I have no knowledge of color. I can best describe what I fancy light to be by telling you what noises are to me. Do you know the clashing sound of a full string band? Bright light seems somewhat to resemble that. Twilight is like the slow movement in one of Mendelssohn's 'Songs Without Words,' and darkness resembles the, Dead March.' Oh, I know I am talking nonsense."

"Not at all," I replied; "you describe your sensations wonderfully. Now come and stand in this sunshine, and tell me what you feel."

To my surprise, she went immediately and stood by the window. The noonday sun was pouring a great flood of light into the room.

"How did you guess that the sunshine was here?" I asked.

"I heard the noise of the string band," she answered; "now I feel the heat on my face. Oh, I have a rapturous moment—it is almost as if I must burst some veil at any instant, and really see."

"Stay still for an instant," I said; "I should like to look into your eyes."

"Don't, they are terrible to look at.

"They are peculiar; now stand perfectly still while I examine them."

She stood as motionless as a statue. The sightless balls were turned full upon me—I examined them carefully. The white sclerotic membrane completely covered the entire ball, but where the cornea ought to be in the ordinary eye, I noticed a very slight bulging. That was enough.

"Thank you, Miss Stafford," I said to her; "that will do for the present."

She replied, in a fretful tone.

"I wish you had not looked at my eyes," she said. "Many doctors have done so already. I have had many brief moments of hope, but they have always been extinguished in despair. You are not an oculist. Why did you raise hopes that can never be realized?"

"How do you know they can never be realized?" I said.

"How do I know?" she answered. "I have got no eyes in the ordinary sense."

"It would make you very happy to see like other people?" I continued, after a pause.

"Happy," she answered; "it is unkind of you even to speak of it."

She stood perfectly still, while large tears gathered in her sightless eyes and rolled down her cheeks.

"I can't bear it," she said, after a pause; "no one knows what the longing for light has been to me. There have been moments, but that was before I knew Basil, when I even wished to die, because I believed that afterwards I should see."

"Come over here," I said, taking her hand. "Sit down, I have something to say. I have just looked at your eyes, and an idea which occurred to me last night has been very much strengthened. Now you must stay quite calm while I speak to you. Your blindness is of a very peculiar and uncommon type. I don't *know* that it can be cured."

[*To be continued.*]

"Last night I dreamed that I died. What do you suppose waked me up?"

"Was it the heat?"

"Now, Mr. Fisk," began the lawyer who conducted the cross examination, "is it not a fact that you harbor a female who goes by the name of Mrs. Fisk?"

"Yes, sir."

"Do you not support her?"

"I do, sir."

"Is she your legal wife?"

"No, sir"—jurors scowled.

"You will admit that although you have never been married to her, she lives with you?"

"Yes, sir."

"That is all. You may sit down."

The legal light looked victoriously at the jury.

"One moment, Mr. Fisk," said the opposing lawyer. "What relation exists between you and the lady referred to?"

"She is my grandmother."

IN DEFENSE OF THE CAT.

Aunt Almira, "What an awful noise that cat makes."

Tommy—"I guess you would make a noise too if you was as full of fiddlestrings as he is."

The following extracts are from examination papers recently handed in at a public school in Connecticut: (1) From what animals do we get milk? From the camel and the milkman. (2) The hen is covered with feathers. With what is the cat covered? The cat is covered with fleas. (3) Name an animal that has four legs and a long tail. A mosquito. (4) Name two kinds of nuts, Peanuts and forget-me-nuts.

Higbee—"Do you think I will ever have this trouble again, doctor?" "No; I leave town next week.

VALUE OF WORDS.

My friend, the pretty school-mistress, says the *Boston Traveler*, told a rather amusing story at the boarding house yesterday. She asked one of her class to put the nouns "boys," "bees" and "bears" into a sentence. The scholars thought intently for a few moments, when one ragged youngster, with a look of victory on his face, raised his hand.

"Well, Johnny," said the schoolteacher, "what is your sentence?"

"Boys bees bare when they go in swimmin'," replied Johnny, with perfect composure.

HEAVEN.

"Ya-as, brederin, it am jist crouded wid de biggest an' reddest watermillions an' de yellerest canterlopes an' de greenest coucumbers, an' ye kin eat all day widout ary single pain er ache."

"Mamma," remarked Johnnie Runkies after he had absorbed a potash lozenge which had been given him for his sore throat, "wasn't Esau a blamed idiot to sell his birthright for a mess of this stuff?"

DISABLED.

"Turn your head the other way, little boy; I want to get over the fence." He—"I can't; I've got a stiff neck," She—"Well, turn your back around, then." He—"Please, ma'am, I don't want to; I haven't got no seat in my pants."

A BROAD HINT.

"Sis'll be down pretty soon," said Johnny to young Mr. Hankinson. "It always takes her a long time to put on her good clothes."

There was a brief silence. It was broken by Johnny.

"Some people think candy ain't good for little boys. It don't never hurt me. It sticks right to my lungs and makes me grow."

THE VERDICT.

A coroner in Nevada recently reasoned out a verdict more sensible than one-half the verdicts usually rendered. It appeared that an Irishman, conceiving that a little powder thrown upon some green wood would facilitate its burning, directed a small stream from a keg upon the burning piece, but not possessing a hand sufficiently quick to cut it off, was blown into a million pieces. The following was the verdict delivered with great gravity by the official; "Can't be called suicide, bekase he didn't mean to kill himself; It wasn't visitation of God,' bekase he wasn't struck by lightning; he didn't die for want of breath, for he hadn't anything to breathe with; it's plain he didn't know what he was about, so I shall bring in—died for want of common sense.

HIS HISTORICAL KNOWLEDGE.

One day recently in a Dundee school the teacher was examining a class in history and asked one of the boys; "How did Clarles I. die?"

The boy paused for a moment, and one of the other lads, by way of prompting him, put his arm up to his collar to signify decapitation.

Boy No. 1 at once grasped, as he thought, his friend's meaning, and exclaimed, to the great amusement of the class: "Please, sir, he died of cholera."

"There she lay," says the sensational writer, "there on the floor, breathing out her life in short pants!" she must have been a lady bicyclist in up-to-date garb.

"I got tired of riding home in crowded cars, so I bought a bicycle."

"So you are going to ride home on that hereafter?"

"Well, I don't know. I got it only yesterday and last night I rode home in an ambulance."

Optician (to his new clerk). "Now, in sending out those price lists write the addresses as small as possible so that those reading them may feel how badly they need glasses.

Miss Fussey (hurrying into doctor's office.) Doctor, look at this. Why are those wrinkles coming around my eyes?"

Doctor (busily.) "Because you are getting old. Two dollars, please."

[*The publishers of this journal, and they only, are responsible for what they from time to time disclose under "Ethics and Politics." The editor will as heretofore confine his attention to the discussion, from a medical standpoint, of questions of professional nature. The editor neither writes nor edits matter under this caption.*]

What Fools We Are.

American medical, pharmaceutical and trade journals, usually keen to detect a hidden advertisement in communications recommending new drugs and preparations when the same emenate from home sources, throw caution and ordinary business sense to the winds when it comes to recommending and puffing the very same class of merchandise, bearing a foreign name and recommended by foreign authority; The success of one or two German chemicals, the products of synthesis, opened the doors for a flood of antiseptins, antifebrins, and other "antis" ending in "ol" or "in." They come to us covered all over with patents —patents covering the names, the process of manufacture, the ingredients (save those which are kept absolutely secret), the modes of dispensing, the package, the label—in short everything that a patent can be made to cover. In a word they are patent medicines in the very widest and strictest sense of the word; and yet they are received with enthusiastic welcome by press and practitioner, and they are given gratis and gladly, advertisements that money could not purchase for a home product, even though ten times more valuable, and not one-tenth so much patented.

One of the proprietors of a drug of this sort, recently established in America, on being approached by the solicitor of advertising for an American medical journal, answered very curtly that "*they didn't have to advertise their article. They got all the advertising they wanted for nothing, in the shape of laudatory communications in the reading matter of the medical journals*,"

which was true, every word of it, and that in spite of the fact that it was a patent medicine. *The very journal for which the agent was soliciting, and in the very copy which he carried as a specimen, contained no less than six laudatory notices of the drug in question—one of them a communication covering several pages and heralding its virtues in almost every known form of disease.*

Per contra, the same journal, had enjoyed for years a handsome revenue from the advertisement of a reputable proprietary medicine house of this city, but had persistently refused to admit within its reading matter, a little notice commendatory of one of its specialties, the formula for which was printed on every bottle.

It is useless to plead that these imported patents are so valuable that the profession must have them and must use them, secret nostrums though they be. This is not true, nor is it true that the manufacturers over there are any more honest and frank as to the nature and origin of their wares than are American manufacturers of similar drugs. In proof of this assertion we call the attention of our readers to Gawalowski's merciless exposure of a new compound which is getting ready in Germany to make a descent on Europe and America in the style of its predecessors—the antiseptic kreolin, of the wondrous value of which the advance guard of certificates have already commenced to appear in our journals. Will the latter be warned in time, or will they swindle themselves out of thousands of dollars by giving it the usual American welcome and gratis advertising—*National Druggist, May, 1888.*

* * * * The present so-called ethical views held by our medical men really constitute a barrier to our scientific progress. They continue to act against our American chemists, and in the meantime prescribe freely the German patented articles. Many of our prominent physicians are prescribing freely German patented articles, why should they object to prescribing a really meritorious article if discovered and patented by an American chemist?—*Pharmaceutical Era, March, 1889.*

Prior to 1888 none of the above mentioned parties advertised in Medical Journals. * * * * *

Good American English

Speaking of those medical journals that exhibit an utter inability to attend to their own concerns, that seek to exercise a meddlesome paternalism in the affairs of their fellows, that are forever trying to boost themselves up by tearing down their neighbors, that are narrow and bigoted beyond comparison, that are very devout in their pharisaical efforts to purge the pages of their contemporaries of all signs of approval of home industries, and very energetic in filling their own with fulsome praise of *foreign products*, the Pittsburgh *Medical Review* comes always to mind. It will be remembered that this is the accredited organ of that institution of medical learning whose annual catalogue goes out containing a green dodger proclaiming the virtues of a patent skirt supporter. Dr. Chas. H. Stowell, editor of *Practical Medicine* and *The National Medical Review*, who sees a point quicker than most, has recently pointed out that the Antikamnia Company have had no more effective advertising than that given them by the Pittsburg *Review*, in an attack it recently made on the form of Antikamnia's advertisement, but this was good work for which the *Review* deserves no credit, as it was wholly unintentional on their part, due entirely to the density of the editor, and to no benevolent intent.

It takes Dr. Love, the versatile editor of the *Medical Mirror*, to depict to advantage all their charming features. This is the way he does it:

"After noting the perpetual lamentations of the jeering Jeremiahs who run the Pittsburgh *Medical Review* and observing the snarling sneering Solomons and mouthing Mary Janes who get the floor so frequently in the Philadelphia County Medical Society for their flamboyant blatherskite business, one need not be surprised to see the following admission made by a member of the Pittsburgh Academy of Medicine at the annual banquet Dec. 1, 1894.

"The American public has but little respect for physicians as a class. The individual has confidence in his own physician, but it is not transferrable. This is in marked contrast to the sentiment which prevails in most foreign countries. What is the reason?"

I deny the proposition, though if it were a fact the reason is clear, but the statement must first be made that the gentleman is only speaking for his own State.

When a profession permits its mouthpieces to constantly indulge in maudlin discussions of personal conduct, police regulations, etc., rather than the interests of science and humanity it has no right to expect any great amount of respect from the people.

The truth of the matter is this: The pessismistic ranters of the Max Nordau School of Degeneration, the Franco-Prussio-Anglo-maniacs who decry the merits of their own country and their own co-workers are largely responsible for the poor opinion some foreigners have of America for the latter lend a willing ear to the birds that foul their own nests and can surely have no respect for them.

The rank and file and the bulk of the leaders of the medical profession of America are earnestly, honestly doing good work and commanding the love and respect of the people, and the condition obtains even in Philadelphia and Pittsburgh in spite of the inane rot indulged by the "calamity howlers."

TREATMENT—In addition to the mechanical treatment, usually essential in the management of disorders of this class, the administration of Lambert's Lithiated Hydrangea is often of the greatest service. A practitioner of wide experience says—"I have used Lambert's Lithiated Hydrangea on various persons affected with diverse and painful manifestations of chronic rheumatism, gout, lithiasis-urica, nephritic calculus and functional disturbances of the renal system, with excellent results and I consider it a valuable remedy for normalizing the renal function, for promoting the active elimination of uric acid and to calm the congestive conditions of the kidneys aud of the urinary mucous membrane."

PRE-SENILITY—OVARIAN PAINS—CHRONIC ENDOMETRITIS.—I have been using Sanmetto for the past two years, with surprisingly good success. As a remedy for declining virility there is no equal, in fact it is a *sine qua non.* Have also given it with success in ovarian pains, and in that troublesome and painful condition due to chronic endometritis. Sanmetto is an important addition to our therapeutical means. Its beneficial effects are simply marvelous. J. D. Bennett, M. D., Crystal River, Fla.

The Cincinnati Medical Journal.

Address all Communications to the Editor, Court and Broadway, Cincinnati, O.

Vol. X. *OCTOBER, 1895.* *No. 10*

Editorial.

M. Pasteur is dead.

This not unexpected intelligence comes to us just as we are going to press. We are indebted to the courtesy of the *Cincinnati Post* for the picture of the great scientist which we here present to our readers.

There were present at the time of his death Mme. Pasteur, Dr. Roux and others connected with the Pasteur Institute.

At L'Etang Park, in a room on the first floor of a ramshackle building, above stables where a hundred horses are kept for use in connection with the preparation of diphtheria serum, lie the remains of the great chemist. The chamber has a low ceiling and the walls are covered with cheap green paper. A small carpet is spread on the floor. There are two wicker-seated chairs and an arm chair. The body lies on a simple, curtainless wooden bedstead. On a plain table stands a candlestick, in which are lighted candles. Close by, in a cupboard placed between two windows, are the books that M. Pasteur used to take from Villeneuve from Paris whenever he paid a visit there. The unpretentious character of the surroundings seem to throw into relief the reposeful features and strong, benevolent face of the dead man. The hands are clasped on the crucifix. On the white coverlet are arrayed many of the orders and other decorations which were conferred upon M. Pasteur during his lifetime.

However decidedly we may, or may not, dissent from the

views held by M. Pasteur, there is no one who doubts his extraordinary ability his sincerity and unselfish devotion to the work of alleviating the sufferings of his fellow men. There is no call for eulogy, for he is one of the few who has built for himself "a monument more lasting than bronze."

* * * *

Are You Making the Most of It?

There is no doctor reading these words who does not want to buy or sell something, big or little, if he can do so on terms to suit himself. We venture to say that most of you want to do both. Some of you we can help, while others we probably cannot. It will cost you nothing to try our WHAT-DO-YOU-WANT department, and may make and save you many a dollar. There is no part of the JOURNAL more read than the WANTS. We know this by the success we have had in selling certain articles we have taken on advertising contracts, especially safes, dictionaries, operating chairs, carriages, etc., etc. Last month we advertised a doctor's practice for sale at a bargain. The replies came to us to be forwarded to him. We have sent him about a dozen of these. Only one will get his place. If the others of you will let us advertise for you that you are in the market for a new location, you will be surprised at the number of replies you will receive, and the exceptional opportunities offered you. If you want a medical book, a dictionary, or directory and don't want to pay ten or fifteen dollars for it, say so in the WANTS. There are readers who have these books, in good repair, who will gladly sell them at half price.

Help us make the JOURNAL interesting by sending in your wants, and we will do the best we can in the way of an attractive notice.

* * * *

The Value of Our Clinical Reports.

We have sometimes wondered if our readers appreciated the CLINICAL REPORTS of the Louisville societies published from month to month; or whether they were generally read. From the fact that they create little comment, and that we rarely hear of them after they are published—with now and then an exception, as, for example, Dr. Satterwhite's recent paper on "Alco-

holism,"—we are forced to the conclusion that they are not held at their true value among our subscribers. This is a great pity if it is true.

There is no city in the United States to-day, nor has there been in the last fifty yerrs, having more distinguished members of the medical profession than Louisville, men known and honored not only in their own country, but in every land that esteems exceptional professional merit. The medical societies of Louisville are to-day, as they have long been, unrivaled in this country for the universal interest and enthusiasm they keep alive among their members. The papers presented before these societies represent the "last word" on the varied subjects treated, while the discussions that follow serve as a rule, to "pick out the meat" and to discard the shells. These reports are prepared for publication in better shape than those of any other medical societies of any city, barring none. Whenever you see the name of C. C. Mapes attached to a report it is a sure indication that the work has been thoroughly and conscientiously done by a bright man who knows his business. His method of preparation is this. He takes the proceedings of each meeting in shorthand, sends a typewritten copy of each paper to its author, when revised by him, the whole is re-written for publication. And it may be remarked in passing that there is always a contest among the typesetters to get hold of Mr. Mapes' "easy copy."

An article recently appeared in the *Medical Age* beginning as follows:

"As Doctor Blank opened his journal the other day and glanced at the table of contents, he gave a sigh when he saw, as usual, the customary heading, 'Proceedings of Societies,' then gave vent to the thought, as he had many times before, 'Do other medical men find this as much of a bore as I do?"

To this Mr. Mapes replies at length in September issue of the *Louisville Medical Progress*, stating that there are *Society Reports* and *Society Reports*, that some are worthy of attention and others are nothing but padding. In conclusion we wish to say that the reports we furnish our readers are obtained at a considerable expense. As a rule, they appear in no other medical journal in the country. They are selected with a view to the special needs of our readers, and if they are not a help to you, it is your fault. You are doing yourself an injustice by neglecting them.

THE PAST MONTH

Brief and breezy items of news are asked from Doctors everywhere.

S. M. Huff, M. D., of Lamar, Pa., is a new subscriber to the Journal.

The newspapers state that the Queen of Portugal is now studying medicine in a thorough, conscientious manner.

Impure water is causing an epidemic of typhoid fever and diphtheria at Dunbar, Pa. Over fifty deaths have occurred in six weeks.

Dr. S. W. Edwards, of Elwood, Ind., who was badly injured in a Lake Erie and Western R. R. accident not long ago, has filed a suit against that company for $15,000 damages.

An Attack on the Parasitic Theory of Malaria.—Dr. Lawrie, of Hyderabad, says that there are no parasite in the blood in malaria, and that Laveran and the Italian investigators have mistaken the nuclei of the white cells in the blood for plasmodia.—*Med. Rec.*

Dr. P. F. Ellis, of Bells, Texas, describing the centipede in the *Courrier Record* states this curious fact. He says: "They are very pugnacious and where two of them are placed together they fight to the death of one or the other. They are very tenacious of life, cut one in the middle and each half will scamper off seeking a place of safety, then bring the severed ends together they fight as fiercely as if they had never met before."

The awful tales we have been told of the results of the sting of the centipede Dr. Ellis regards as mostly apocryphal.

If the reader does not possess a reliable clinical thormometer his attention is called to the one offered by the M. A. Spencer Co. for $1.00. It is the best for the price we have ever seen, and cannot disappoint the purchaser.

Dr. W. J. Carter, of Marion, Indiana, an old friend of the Journal, writes us that he is planning an extensive trip to Europe in the near future. Dr. Carter has been in the harness for nearly thirty years and well deserves a good holiday.

On Sept. 27th, Dr. Chas. E. Rice of Alliance, Ohio, gave a dining to all the aged people in his part of the State. There were four centenarians present, all women, the venerable mother of Gov. McKinley was one of the honored guests. Dr. John P. Gruell, aged 87, who began the practice of medicine in 1849, read an original poem.

We have received an appreciated letter, with enclosure, from Monroe Davison, M. D., of West Newton, O. Dr. Davison has been practicing since 1882, and has undisturbed possession of his corner of Allen county.

Prominent among our new subscribers this month are Wm. A. Dickey, M. D., of Tiffin, Ohio, professor of the Principles and Practice of Medicine, Toledo Medical College, and W. H. Smith, M. D., of Shell Rock, Iowa, a prominent practitioner and business man of that State. Both have promised to favor us with occasional contributions.

D. WALTER SPENCE, M. D., of Williamsport, Pa., is a new recruit of the JOURNAL.

THERE are twelve hundred and eighty-four Smiths practicing medicine in the United States.

DR. H. C. BARNARD, of Charleston, Ill., is a new subscriber to the JOURNAL, and will be an occasional contributor. Dr. Barnard has practiced nearly thirty years, and has always been a close student.

DR. EDWARD SCOTT died at the Hotel de Coronado, near San Diego, Cal., Aug. 30th. He was twenty-eight years of age and has been assistant physician in one of the New York hospitals.

DR. ROBERT S. VAUGHT was drowned in Kanawha river, near Gallipolis, while bathing. He was on a visit there from Chattanooga, Tenn., and was a young man with brilliant prospects.

The St. Louis Clinique makes the following sensible suggestion regarding medical etiquette:

"We have often wondered why in the name of what's decent, respectable and progressive in medical education there never was any provision made for the teaching of medical etiquette. It is all very well to say that a *gentleman* like a poet is born—not *made*, but it is also a well recognized fact that a little salutary instruction upon manners as well as ethics would not go amiss among the majority of medical students.

For instance on leaving college not one of them has ever had any instruction upon the manner of receiving a patient, of entering a sick-room, of conducting his intercourse with his professional brethren, of dealing with the attendants and visitors of the sick-room—to say nothing of those infinite details of conduct which go to make the daily life of a physician in city and in country, and upon which his ultimate life success so materially depends. A great deal of the unpleasantness which springs up in the practice of the medical profession between physicians is due to downright ignorance upon this point. We are in favor of having a distinct Chair of Medical Etiquette."

APOPLEXY occurring in early adult life is much more frequently due to syphilis than embolism, and syphilis is a factor in a third of all apoplexies, at least in large cities. Apoplexies are increasing in disproportionate frequency. The disease does not especially affect brain workers if they live temperately, but rather spares them. An attack is sometimes a conservative agent, calling a halt to excessive activity and intemperate living, and actually prolonging life. About one-fourth of those stricken with apoplexy die from the attack (hemorrhages being tha most dangerous, thromboses, especially syphilitic, being least so). The average duration of life of those who have and survive one shock is over five years. The chances of a second attack before the fourth year are always considerable, yet do not amount to fifty per cent. and are considerable so far as hemorrhages are concerned. Thromboses are much more apt to recur than hemorrhages.—*Dana.*

ONE of the most important of the State's witnesses in the famous murder trial of the Rev. Hinshaw, of Danville, Ind., was Dr. Frank A. Morrison, of Indianapolis, Professor and Lecturer of Anatomy in the Indiana Medical College. He testified point blank that the murdered Mrs. Hinshaw could have neither spoken nor moved after being shot, her husband's statement to the contrary notwithstanding.

H. C. Jones, M. D., of Bluefield, W. Va., is a new subscriber to the Journal. Dr. Jones began practice in 1889. Also C. W. Prindle, M. D., of Grand Rapids, Mich. He has been in the business for nearly a quarter of a century.

All publishers have a special regard for the subscribers who pay in advance, especially so when it is done voluntarily. J. M. Rankin, M. D., of Richland, Mich., is one of them. Dr. Rankin has practiced for more than thirty years.

At the recent meeting of the British Medical Association the comparative merits of natural and artificial waters was dsscussed. The opinion unanimously expressed was that there was invariably some property in natural springs lacking in artificial waters.

Dr. St. Clair Thomson reported to the British Medical Association the results of a number of experiments conducted in collaboration with Dr. Hewlett, to determine the fate of micro-organisms in the respired air. They found that fewer bacteria were inhaled through the nose in ordinary breathing than was commonly supposed, and that most of these were arrested at the entrance to the nostrils. Indeed, the mucous membrane of the nose, in health, was truly asceptic.

An Army Medical Board will be in session at Washington, D. C., during October, 1895, for the examination of candidates for appointment to the Medical Corps of the United States Army, to fill existing vacancies.

Persons desiring to present themselves for examination by the Board will make application to the Secretary of War before October 8th for the necessary invitation, giving the date and place of birth, the place and State of permanent residence, the fact of American citizenship, the name of the medical college from which they were graduated, and a record of service in hospital, if any, from the authorities thereof. The application should be accompanied by certificates based on personal acquaintance, from at least two reputable persons, as to his citizenship, character, and habits. The candidate must be between 22 and 29 years of age, and a graduate from a Regular Medical College, as evidence of which, his Diploma must be submitted to the Board.

Further information regarding the examinations may be obtained by addressing the Surgeon General, U. S. Army, Washington, D. C.

In a paper read before the Virginia Medical Association. Dr. Hunter McGuire, a celebrated surgeon of that state, said that in all the operations he had performed for appendicitis he had never seen a single grape, tomato or cherry seed, and he added that he was glad to make the statement, since it might tend to allay the fears of the public as to the supposed dangers arising from eating these fruits. As the grape season is now at hand, Dr. McGuire's assurance that grape seeds are not the cause of appendicitis is timely, and the consumption of this wholesome and delicious fruit will doubtless be increased in consequence of it. The grape growers owe Dr. McGuire a basket of wine.

Dr. A. T. Keckeler, president of the Cincinnati Humane Society, is home from his European trip. The doctor says that cruelty to animals in Rome is a crying outrage. He saw so much of it that he called at the office there and entered a vigorour protest. There was more activity shown by the officials after the call.

Dr. John Law Campbell died at his New York home Sept. 22d. He was one of the oldest practitioners in New York City, and had been for a quarter of a century physician to the New York Orphan Asylum.

At a recent meeting of the trustees of Jefferson Medical College, Philadelphia, the honorary degree of LL. D., was conferred on Dr. John Collins Warren, Professor of Surgery in Harvard University.

The safe advertised in the Want Department last month was sold to S. C. Whitcomb, M. D., of Oneida, Ill. Dr. Whitcomb is full of enterprise and has a very large practice for a man who has been in the business only a dozen years.

Dr. P. H. Comas, of Baxley, Ga., has recently sent two rattlesnakes' skins measuring respectively 6½ feet by 10 inches, and 5 feet by 7 inches to Pettibone Bros. Mfg. Co., of Cincinnati, to be manufactured into belts for himself. Dr. Comas killed both of the reptiles.

Dr. A. W. Countryman, a popular physician of Cincinnati, has gone to Minneapolis, Minn., to claim a bride. Minneapolis is the old home of Dr. Countryman, but he has been in Cincinnati for several years. Dr. Countryman and bride will return in a few days and take up their residence in the East End.

R. L. Patterson, M. D., of Coyville, Kan., is a new name on our subscribers' list. Dr. Patterson for many years practiced medicine in the petroleum and natural gas region of Pennsylvania. He is an enthusiastic scientist. The October number of the *Popular Science News* contains an illustrated article from his ready pen descriptive of remarkable fossil remains found in a bank of the Arkansas river.

Dr. Edward W. Burnett died Sept. 22d in New York from a cancer which it is thought he contracted by inoculation from a patient. The facts in the case are briefly these: About seven months ago he was called to attend a patient complaining of an irritation on her tongue, to which the doctor applied nitrate of silver with his finger. A few weeks later a cancer appeared on the tongue, which has since gone on from bad to worse. Several weeks after Dr. Burnett had treated the patient with the sore tongue an irritation appeared on his jaw. He told his landlady he had cut himself while shaving and that he thought some foreign matter on his razor had poisoned him. The irritation, as in the case of his patient developed into a cancer, from which he died. The case is one of unusual interest, and would seem to go far to prove the contagiousness of cancers. The medical fraternity of New York are divided on the subject.

The use of tobacco does not decline, despite the warnings of hygienists and moralists. According to a tobacco trade journal, there is a steady increase in the number of cigars and cigarettes smoked in this country, and notably in the consumption of cigarettes. During the fiscal year just closed there were sold in the United States 3,333,845,560 cigarettes, and 4,130,440,370 cigars. The increase in the consumption of cigars over the previous year was 68,522,938.—*Record.*

Dr. Ellwood Overstreet, of Petrona, Ind., was shot a few days ago by a patient to whom he was about to give a hypodermic injection of morphine. The man, who appears to have been maniacally excited, refused to take the remedy by the mouth and warned the physician not to attempt to give it to him any other way.

The Borine Chemical Co., of New York City, has just issued a very practical Physicians' Pocket Day Book and Visiting-List combined. They inform us that it will afford them pleasure to send copies of same to any of our readers who will write to them. They are well worth sending for.

It is rumored that Mrs. Francis Hodgson Burnett, authoress of Little Lord Fauntleroy and other charming stories, is about to seek a legal separation from her husband, Dr. Swan M. Burnett, of Washington, D. C. Mrs. Burnett is now in London where she spends much of her time.

Dr. A. G. Young, of Augusta, Maine, Secretary of the State Board of Health, in the leading article in the *Journal of Medicine and Science* shows how the properties of disinfectants and antiseptics are increased by heating. A very practical piece of information, that is often overlooked.

Says the London correspondent to the New York *Medical Record:*

"The Duke of Cambridge is really to give up the commandership-in-chief. The army medical staff thus gets rid of one who never appreciated its services. Lord Wolseley is to succeed, but he is not much of a friend to the Medical Department, I fear."

The New York *Herald* gave a two column story of how Mrs. Susan Irwin recovered her voice after six years of speechlessness caused from a fright by burglars. Many throat specialists of Europe—water-cure and electricity—had failed, but returning to America, she found a physician who succeeded in curing her by hypnotism. A powerful mental emotion had caused her trouble, and a sort of reverse process cured her. In the mesmeric state her mind was deeply impressed that she could speak, and when she awoke she did. Almost any ailment can be cured by gumption and the appropriate remedy—only hit it right.—*Ex.*

The following breezy letter from Dr. Campbell is gladly given space:

Homer City, Pa., Sept. 16th, 1895.

Cincinnati Medical Journal Co.

Gentlemen:—Please find enclosed my check for one dollar for renewal of subscription to Journal. Please excuse my delay in renewal—will see to it that it don't occur again. If your offer holds good to such sinners as me—send as premium Stories of County Doctor; at least send the "Cincinnati Medical Journal"—can't do without it. We are pretty busy up here now, typhoid and results. Undertaking is pretty good.

J. G. Campbell, M. D.

Dr. Thomas A. Cox, of Elwood, Ind., who has recently gained so much notoriety having been charged with the murder of his nephew, Thomas Myers, for the sake of his life insurance, now makes the startling statement that Myers is alive, and that after he, Dr. Cox, fled last July Myers was with him in New Orleans. Dr. Cox is a young man, a regular, who began the practice of medicine in 1888.

A new method of examining the larynx or trachea directly without the intervention of a mirror or prism has been devised by Dr. Kirstein, of Berlin. The patient is placed on his back, with his head hanging down, an esophagoscope is introduced and then a tube 10 inches long is passed between the epiglottis and lighted by an electroscope. The larynx can then be seen by the naked eye. The tube rests on the front upper teeth and keeps the tongue out of the way.

THE Sept. 7th issue of the *Maryland Medical Monthly* gives prominent position to an able article by Kate De W. Miesse, M. D., Easton, Pa., on "Nervi-Muscular Atony of Girls." The writer concludes: "The object of this paper will have been attained if there be aroused a deeper interest among the medical profession, in the importance and necessity of *systematic and physical training of childhood and youth*, and their co-operation secured with legislators and educators to effect this end."

IN the English House of Parliament there are, altogether, ten medical men. Of these, seven are Irishmen, representing nothing, says *The Practitioner*, but the discontents of that political Mrs. Cummidge; two are Scotch; and one only is English. In fact, practically speaking, says our contemporary, the medical profession has only two representatives, Sir Walter Foster and Robert Farquson. When, we would ask, is an Irish doctor not a doctor. The answer is given above. —*Record.*

DR. FORBES WINSLOW, editor of the *Psychological Journal*, and well-known as the eminent English authority on nervous and mental disorders, arrived in New York City on August 31st. He came to preside over the Medico-Legal Congress which met September 4th, 5th, and 6th, having an address on "Suicide Considered as a Mental Epidemic." Dr. Winslow expects to remain three or four months, and purposes visiting this country for a like period each autumn in the future for consultation in the line of his specialty.

ACCORDING to a newspaper interview Secretary Morton has improved upon the salicyl treatment of rheumatism, since he has discovered a means of prevention. He suffered with rheumatism, he said, for many years. One day, twelve years ago, some one told him that rheumatism generally followed kidney trouble, and that this disease was largely due to the starch in potatoes. Thereupon Mr. Morton stopped eating potatoes. He has eaten none in twelve years, and it is just that long since he has had a rheumatic twinge.

DIET AND DYSPEPSIA is the title of an interesting article contributed to the September *Charlotte Medical Journal* by W. E. Anthony, M. D., of Providence, R. I. He says: The good effect of water drank freely before meals is undoubted. A glass of hot water *sipped* half an hour before eating will wash away the mucus which accumulates during the period of repose. The stomach thus cleansed is in a better condition to receive food and convert it into soluble compounds."

THE *Atlantic Medical Weekly* in its issue of Sept. 14th gives prominence to an article on "Hydrophobia" by Wm. Clinton Sheely, of New Bedford, Mass., in which the writer very cleverly "attempts to prove that there is no such disease as hydrophobia in man," * * * "that superstition and fear and ignorance is the real foe *in man*." He concludes: "*very much*, lies with the patient's mind, little—very little—lies in the dog and his attitude." The article is an interesting one, crowded with illustration and experiments strengthening the writer's position.

WHAT-DO-YOU-WANT?

DO YOU WANT ANYTHING YOU HAVE NOT GOT?
HAVE YOU GOT ANYTHING YOU WANT TO GET RID OF?

SAY SO IN THIS JOURNAL WITHOUT COST.

FOR SALE.—One pair Elliot's obstetrical forceps—good as new $2.50; also one pair Wallace's Obstetrical forceps in good condition $2.50; three pair tooth forceps at 85 cents per pair. Address W. H. BUTTON, M. D., Parkman, Ohio.

FOR SALE.—A photogravure, containing portraits of Professors Sims, Playfair, Pepper, Pasteur, Bartholow, Virchow, Flint, Gross, Fordyce, Barber, Galliard, Thomas, Morrell McKenzie, J. Lewis Smith, Robert Koch, Wm: Harvey, who discovered the circulation of the blood, and Jenner who discovered vaccination for small pox—this is a handsome office picture, cost $2, will send it to any address postpaid for $1.

Three pair tooth forceps—upper and lower molar and incisor—$1.00 per pair. One surgical chair—leather, $25; and one 18 cell combined Galvano Faradic battery—in good working order. Price $18. Address S. C. Newlin, M. D., Anderson, Ind.

FOR SALE.—Half interest in a well established advertising cash office practice in a city of 20,000. Purchaser, after being introduced, to take charge of the business and receive all the receipts for one year. Owner wants rest and travel for that time. This is a rare opportunity for the right man. If you have some money and mean business, address Lock Box 769, Marion, Ind.

WE would like to sell this month one fire-proof safe, suitable for house or office. It is an unusual opportunity to buy a good safe—perfectly new, first-class in every particular at less than half the regular price before iron and steel doubled in value, as they have during the last quarter. Address BUSINESS MANAGER CINCINNATI MEDICAL JOURNAL, Cincinnati, Ohio.

ANY doctor wanting an operating chair or table, a medical dictionary, a camera, a bicycle, a carriage, printed letter heads or cards can learn something to the advantage of his pocket-book by addressing BUSINESS M'GR. CINCINNATI MEDICAL JOURNAL, Cincinnati, Ohio.

A splendid two story house with outbuildings for sale for cash or nearly so. This property is centrally located in Kansas City. With it an excellent practice and other advantages may be had by the right person. Price $3,700.00 A good chance to step into a fine city practice. Write for particulars. Address "D," care CIN'TI. MED. JOURNAL, Cincinnati, O.

Pharmaceutical Notes.

WHAT MANUFACTURERS HAVE TO SAY.

ACUTE CYSTITIS—Resulting from gonorrhœa and presenting symptoms of distress and pain over pubes, frequent and urgent inclinations to micturate, urine cloudy and depositing slight amount of mucus on standing.

CHRONIC CYSTITIS—Resulting from enlarged prostate, retained or altered urine, or from gout or nervous derangement—mucus or muco-pus rendering the urine more or less cloudy or opaque.

ELIXIR MALTOPEPSINE (Tilden's).—In addition to its special value as a remedy for indigestion in infants, children and delicate adults, Elixir Maltopepsine is found to possess peculiar merit as a vehicle for the administration of many of the drugs which irritate the stomach and impair digestion and assimilation.

It has proven of the greatest possible benefit in the administration of the iodides, bromides, salicylate of soda, iron, etc., because of its grateful influence on the stomach. Cases in which these and similar drugs cannot be borne, may be rendered not only tolerant, but really acceptable to the stomach by combining them with Elixir Maltopepsine in about the following proportions:

Citrate of Iron	1 to 3	grains to each f. drachm of Elixir Maltopepsine.
" " & Quinine	1 to 3	" " " " "
Iodide of Potassium	1 to 3	" " " " "
Bromide	2 to 4	" " " " "
Salicylate of Soda	2 to 5	" " " " "

The above combinations readily sugggest to the mind of the physician the various conditions in which they would be applicable. If, in a case of indigestion for example, with anæmia, debility, chlorosis, etc., what could be more appropriate than to associate with the Elixir Maltopepsine the Citrate of Iron, Citrate of Iron and Quinine, or Citrate of Iron, Quinine, Strychnine and Phosphorus? any of which will readily combine with the Elixir Maltopepsine, making an elegant and agreeable preparation, and one that nicely meets the indications presented in such cases. So in relation to other drugs meeting the complications presented by a tuberculous-scrofulous, syphilitic or rheumatic diathesis, in a dyspeptic subject.